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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

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Principal Place of Business

1. Corporation Name

Mailing Address

2a. Mailing Address

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9. Name and Address of Current Registered Agent

Suite, Apt. #, etc

33176

City & State

C/O WILLIAM R. CHASE 11250 SW 175TH ST. MIAMI FL 33157

2. Principal Place of Business

CHASE, WILLIAM R.

MIAMI FL 33157

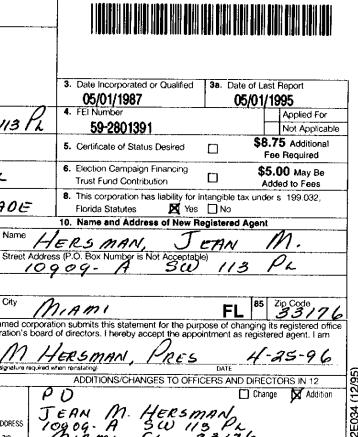
11250 SW 175TH ST.

Suite, Apt. #, etc

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C/O WILLIAM R. CHASE 11250 SW 175TH ST. MIAMI FL 33157

10909-A



			84 City	MIAMI	FL	85 Zig	Code		
11. Pursuant to	the provisions of Sections 607.0502 and 60	07.1508, Florida Statutes	the above-named c	ornoration submits this state	ement for the number of ob-	anaina ita re	33/76		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent for both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and appear to be obligated as a composition of the corporation of the									
SIGNATURE		eman.	JEAN M	HERSMAN,	/ /		5-96		
	Signature, typed or printed name of registered agent and title if		Registered Agent signature	required when reinstating!	, / // E S	7 0	- 76		
12.	OFFICERS AND DIRE		13.	ADDITIONS/CH	IANGES TO OFFICERS AND	DIRECTO	RS IN 12		
TITLE	D	₩ DELETE	1. 1 TITLE	PD		Change	Addition		
NAME	CHASE, WILLIAM R.		1.2 NAME	TEON M	Hopaman		'		
STREET ADDRESS	11250 SW 175TH ST.		1.3 STREET ADDRESS	10904. A	3W 113 PA				
CITY-SI-ZIP	MIAMI FL		1.4 CITY - ST - ZIP	Minmi	HERSMAN SW 113 Ph FL 3317	6	_		
TITLE		☐ DELETE	2. 1 TITLE	< 1\)		Change	Addition		
NAME			2.2 NAME	MICHAEL	J. HERGA	MAN			
STREET ADDRESS			23 STREET ADDRESS	10909-A	5W 113 F	26			
CITY-ST-ZIP			2 4 CITY-ST-ZIP	Minmi,	J. HEREN SW 113 F Fr 8317	6			
TIELE		☐ DELETE	3 1 TITLE			Change	Addition		
NAME			3.2 NAME						
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CITY-ST-7IP			3.4 CITY-ST-ZIP						
TITLE		DELETE	4. 1 TITLE			Change	Addition		
NAME			4.2 NAME				_		
STREET ADDRESS			4.3 STREET ADDRESS						
CITY+ST-ZIP			4.4 CITY - ST- ZIP						
TITLE		DELETE	5. 1 TITLE		· · · · · · · · · · · · · · · · · · ·	Change	Addition		
NAME			5.2 NAME		-				
STREET ADDRESS			53 STREET ADDRESS						
CITY-ST-ZIP			5.4 City-St-Zip						
TITLE		☐ DELETE	6. 1 TITLE		ſ	Change	Addition		
NAME			6.2 NAME		•		_		
STREET ADDRESS			6.3 STREET ADDRESS						
City-St-Zip			6.4 CiTY - ST - ZIP				i		
14. I do hereby	certify that the information supplied with this	filing is voluntarily furnish		lify for the exemption stated	d in Section 119.07(3)(k). Fk:	rida Statute	es I further		

certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Bl on an attachment with an address.

SIGNATURE: