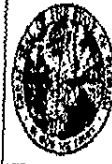


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2004 08:00
Secretary of State

DOCUMENT # P01000073661

1. Entity Name
METACON INC.



Principal Place of Business

**801 BRICKELL AVENUE
#1901
MIAMI, FL 33131 US**

Mailing Address

**801 BRICKELL AVENUE
#1901
MIAMI, FL 33131 US**



03022004 No Chg P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FSI Number:
65-1130211

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FARRES, EDELBERTO ESQUIRE
801 BRICKELL AVENUE
#1901
MIAMI, FL 33131**

**DO NOT WRITE
IN THIS SPACE**

7. The above named entity submits this state report for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature typed or printed name of registered agent and title (if any)

NOTE: Registered Agent signature required when changing

DATE

**FILE NOW IN FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

8. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

**TITLE P
NAME DE VLADAR, JULIE
STREET ADDRESS 7370 NW 36 ST, STE 310
CITY-ST-ZIP MIAMI, FL 33166**

**U00000090728
03/17/04-80030-025 150.00**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
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**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information furnished with this filing does not qualify for the exemption stated in Section 115-07(3)(b), Florida Statutes, that the information was not required to be filed, and that the information is true and accurate and that my signature shall have the same legal effect as if it were made under oath, that I am an officer or director of the corporation or the receiver or trustee appointed to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 of Block 11 of this report.

SIGNATURE:

[Signature]
PRINT NAME AND TITLE OF REGISTERED OFFICER OR DIRECTOR

03/04/04

Date

By whom signed