


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90919 001 *****8.75
05-01-2003 90919 002 ***150.00

DOCUMENT # P02000045191	
1. Entity Name METALPLASTICS GROUP, INC.	

Principal Place of Business 9417 N.W. 54TH LANE MIAMI FL 33178	Mailing Address 9417 N.W. 54TH LANE MIAMI FL 33178
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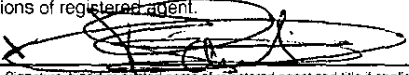
2. Principal Place of Business 6844 NW 113 PLACE Suite, Apt. #, etc.	3. Mailing Address 6844 NW 113 PLACE Suite, Apt. #, etc.
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City & State MIAMI, FL.	City & State MIAMI, FL.
Zip 33178	Country DADE

4. FEI Number 03-0433179	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SANTIAGO, RICARDO 9417 N.W. 54TH LANE MIAMI FL 33178
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7. Name and Address of New Registered Agent	
Name SANTIAGO, RICARDO	
Street Address (P.O. Box Number is Not Acceptable) 6844 NW 113 PLACE	
City MIAMI	Zip Code FL 33178

8. The above named entity submits this statement 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 	DATE 03/31/03

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE PD	<input type="checkbox"/> Delete
NAME SANTIAGO, RICARDO	
STREET ADDRESS 9417 N.W. 54TH LANE	
CITY-ST-ZIP MIAMI FL 33178	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
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SIGNATURE: 	DATE 03/31/03	DAYTIME PHONE # 305-437-8329
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CR2E034 (10/02)