## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name

P93000049413 (6)

METROPASS CORP.

**FILED** Jun 06 1996 8:00 am Secretary of State



Principal Place	e of Business	Mailing Address			#### <b></b>
7839 NW MIAMI FL US		7839 NW 15 S Miami FL 3313 US			
		US		3. Date Incorporated or Qualified 07/15/1993	3a. Date of Last Report 02/13/1995
	ace of Business	2a. Mailing Addres	s	4. FEI Number	Applied For
21 Suito Ant	4 ala	26		65-0423485	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, e	tc.	5. Certificate of Status Desired	\$8.75
City & State	À	27 Ctu 8 Ctale			Fee Required
23		Crty & State		6. Election Campaign Financing	55.00 May Be
Zip	Country	Zip	Country	Trust Fund Contribution	Added to Fees
24	25	29	30	8. This corporation has liability fo	r intangible tax under si 199.032, si No
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New	
			81 Nai	ne /	- I gon
	GABRIEL		82 Stre	eet Address (P.O. Box Number is Not Aggepta	May
-151 MAJORCA AVE.				2655 Le Jeune Roa	
STE-0- CORAL GABLES FL 33134				Suite 500	
CORAL	= 12ADCES + E-33134		84 City		los I 7. O. I
11. Pursuant t	O the provisions of Sections 607 Ot O	0 and 007 4500 51		Cora Gables	FL 85 Zio Code /
or register	ed agent, or both, in the State of Flor	z and 607.1508, Florida S ida. Such change was au	itatutes, the above named thorized by the corporatio	d corporation submits this statement for the pun's board of directors. I hereby accept the app	rpose of changing its registered office
lauriikar wil	in, and addept the obligations of Sec	tion 607.0505, Florida Sta	itutes.	. Thereby accept the app	pointment as registered agent. I am
SIGNATURE _	Signature, typed or printed name of registered Xiera	t and title if applicable	Mirta A.	Nigrini	6/3/96
12.		D DIRECTORS	(NOTE: Flogistered Agent signat.		FICERS AND DIRECTORS IN 12
TITLE	PTD	XI DELETE		Deardont	Change Addition
NAME	AZAMBUJA; LUIZ D	^	1.2 NAME	Tihon Lie 1839 N.W. 15 Street Mam, Pl 33126	The custings Dr. Wordston
STREET ADDRESS	7839 NW 15-ST:		1.3 STREET ADDRES	is in non in 15 Street	;
CITY-ST-ZIP	MIAMI FL		1.4 CITY - ST - ZIP	1839 N.W. Fr. 33126	
TITLE	VPS	DELETE	2. 1 TITLE	17/41/11,	Change Addition
NAME STORES ADDOSESS	GONCALVES, LEVY	445	22 NAME		
STREET ADDRESS	8248 NW 6TH TERR., APT. MIAMI FL	217	2.3 STREET ADDRES	s	
CITY-ST-ZIP TITLE	MIMI FL	E 1 bourse	2 4 C(1 Y - \$T - Z(P		
NAME		[_] DELETE	3. 1 TITLE		Change Addition
STREET ADDRESS			3 2 NAME		
CITY-ST-ZIP			3.3 STREET ADDRES	88	ļ
TITLE		[] DELETE	3.4 CITY - ST - ZIP 4.1 TITLE		
NAME			4.2 NAME		Change Addition
STREET ADDRESS			4.3 STREET ADDRES	\$	ſ
CITY-ST-ZIP			4.4 C/TY-ST-Z/P		
TITLE	•	DELETE	5 1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		Change Addition
STREET ADDRESS			5.3 STREET ADDRESS	S	1
CITY-ST-ZIP			54 C/TY-ST-Z/P		ĺ
TITLE	1	☐ DELETE	6. 1 TITL€		Change Addition
NAME STORET ADDRESS	1 1		6 2 NAME		
STREET ADDRESS	/ / /	_	6 3 STREET ADDRESS	6	ĺ
14. I do hereby	certify that the information supplied	ally the filing in volunt - 3	64 CITY-ST-ZIP	lualify for the exemption stated in Section 119.	
certify that t	he information indicated of this and	al roport or cumplemental	rumisneu and does not qu	uality for the exemption stated in Section 119.	07(3)(k), Florida Statutes, Lfurther

coaling 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 appears in Block 12 or Block 13 if character, or or an attachment with an address.

SIGNATURE: X SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR