

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 27 1997 8:00am
Secretary of State

**PROFIT
CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # P94000019794 (4)

1. Corporation Name

METRO INDUSTRIES & TRADING, CORP.



Principal Place of Business

**13064 SW 133 COURT
MIAMI FL 33186**

Mailing Address

**13064 SW 133 COURT
MIAMI FL 33186-5855**

3. Date Incorporated or Qualified

03/15/1994

3a. Date of Last Report

05/29/1996

4. FEI Number

65-0473671

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

Trust Fund Contribution



**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes



Yes



No

2. Principal Place of Business

21 **13438 SW 131st Street**

2a. Mailing Address

26 **13438 SW 131st Street**

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

City & State

23 **Miami, Florida**

City & State

28 **Miami, Florida**

Zip

24 **33186**

Country

25 **USA**

Zip

29 **33186**

Country

30 **USA**

9. Name and Address of Current Registered Agent

**MACDANIEL, JOHN M
ONE BISCAYNE TOWER, SUITE 2075
TWO SOUTH BISCAYNE BLVD
MIAMI FL 33131**

10. Name and Address of New Registered Agent

61 Name

62 Street Address (P.O. Box Number is Not Acceptable)

63

64 City

FL

65 Zip Code

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, or 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 accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PVST	<input type="checkbox"/> DELETE
NAME	VEIRA, REINALDO R	
STREET ADDRESS	14688 S.W. 132 AVENIDA	
CITY - ST - ZIP	MIAMI FL 33186	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GONCALVES, SEBASTIAO	
STREET ADDRESS	AV. RAINHA GINGA, 150 A	
CITY - ST - ZIP	LUANDA, ANGOLA	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ROBALLO, MARURO	
STREET ADDRESS	AV. RAINHA GINGA, 150 A	
CITY - ST - ZIP	LUNANDA, ANGOLA	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PEREIRA, NILSON	
STREET ADDRESS	AV RAINHA GINGA, 150 A	
CITY - ST - ZIP	LAUNDA, ANGOLA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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 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 Block 13 if changed, or on an attachment with an address.

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

2/19/97 **x 232 5311**
Date Daytime Phone #

CR2E034 (9/96)