FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # P95000007966

1. Corporation Name: Metrisoft, Inc

Principal Place of Business: 3774 BARBADOS AVE, Cooper City FL 33026

Mailing Address:

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 1/26/95

3a. Date of Last Report:

2. Principal Place of Business: 21 14411 Commerce Way
Suite, Apt. #, etc.: 22 Suite 310
City & State: 23 Miami Lakes FL
Zip: 24 33016 Country: 25 USA

2a. Mailing Address: 26 14411 Commerce Way
Suite, Apt. #, etc.: 27 Suite 310
City & State: 28 Miami Lakes FL
Zip: 29 33016 Country: 30 USA

4. FEI Number: 65-0557078 [ ] 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 [X] Yes [ ] No

9. Name and Address of Current Registered Agent:
Paul Streit
3774 Barbados Ave
Cooper City FL 33026

10. Name and Address of New Registered Agent:
81 Name: Paul Streit
82 Street Address (P.O. Box Number is Not Acceptable): 14411 Commerce Way
83: Suite 310
84 City: Miami Lakes FL
85 Zip Code: 33016

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	President	11 TITLE	President	[X] Change [ ] Addition
NAME	Paul M. Streit	12 NAME	Paul M Streit	
STREET ADDRESS	3774 Barbados Ave	13 STREET ADDRESS	14411 Commerce Way Suite 310	
CITY - ST - ZIP	Cooper City FL 33026	14 CITY - ST - ZIP	Miami Lakes FL 33016	
TITLE		21 TITLE		[ ] Change [ ] Addition
NAME		22 NAME		
STREET ADDRESS		23 STREET ADDRESS		
CITY - ST - ZIP		24 CITY - ST - ZIP		
TITLE		31 TITLE		[ ] Change [ ] Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY - ST - ZIP		34 CITY - ST - ZIP		
TITLE		41 TITLE		[ ] Change [ ] Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY - ST - ZIP		44 CITY - ST - ZIP		
TITLE		51 TITLE		[ ] Change [ ] Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS	400001843094	
CITY - ST - ZIP		54 CITY - ST - ZIP	-05/29/96--01117-014	
TITLE		61 TITLE	***200.00	[ ] Change [ ] Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY - ST - ZIP		64 CITY - ST - ZIP		

5-1-96

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: [signature] Paul M. Streit 4/30/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

8W1160 1.000