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FILED
Apr 23 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P95000059279 (6)

1. Corporation Name
METATRON CORP.



Principal Place of Business

~~250 MIRACLE MILE~~
~~CORAL GABLES FL 33134~~
~~US~~

Mailing Address

~~250 MIRACLE MILE~~
~~CORAL GABLES FL 33134~~
~~US~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 8355 NW 68 ST

Suite, Apt. #, etc

22

City & State

23 MIAMI FI

Zip

24 33166

Country

25 DADE

2a. Mailing Address

26 8355 NW 68 ST

Suite, Apt. #, etc

27

City & State

28 MIAMI FI

Zip

29 33166

Country

30 DADE

3. Date Incorporated or Qualified

08/01/1995

4. FEI Number

65-0602857

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

RIBEIRO, JOSE C
~~1401 DISCAYNE BOULEVARD~~
~~SUITE 81~~
MIAMI FL 33132

10. Name and Address of New Registered Agent

81 Name

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

8925 COLLINS AVE # 3F

83

84

City MIAMI BEACH

FL

85 Zip Code 33154

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

X Jose C. Ribeiro

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 PD ☐ DELETE

NAME RIBEIRO, JOSE C
STREET ADDRESS 1401 DISCAYNE BOULEVARD
CITY-ST-ZIP MIAMI FL 33132

TITLE VPD ☐ DELETE

NAME RIBEIRO, DENISE A.P.
STREET ADDRESS 1401 DISCAYNE BOULEVARD
CITY-ST-ZIP MIAMI FL 33132

TITLE SD ☐ DELETE

NAME BEDIN, LUIS C
STREET ADDRESS 7262 NW 66TH STEET
CITY-ST-ZIP MIAMI FL 33166

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☒ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

8925 COLLINS AVE # 3F

MIAMI BEACH FL 33154

21 TITLE ☒ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

8925 COLLINS AVE # 3F

MIAMI BEACH FL 33154

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. 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 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 Jose C. Ribeiro

(305) 463-9444

CR2E034 (10/97)