

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

**PROFIT CORPORATION ANNUAL REPORT 1996**



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

**DOCUMENT # P95000060608 (3)**

1. Corporation Name  
**MET TRADERS, INC.**



Principal Place of Business  
**2462 PINE CHASE CIRCLE  
 ST. CLOUD FL 34769**

Mailing Address  
**2462 PINE CHASE CIRCLE  
 ST. CLOUD FL 34769**

3. Date Incorporated or Qualified **06/07/1995** 3a. Date of Last Report **8-7-95**

2. Principal Place of Business  
 21 **7541 N.E. 3rd Place**  
 Suite, Apt #, etc  
 22  
 City & State  
 23 **Miami, Fl**  
 Zip  
 24 **33138** Country  
 25 **Dade** Zip  
 29  
 30

4. FEI Number **65-0606820** 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

9. Name and Address of Current Registered Agent  
**DIAZ, ELENA  
 2462 PINE CHASE CIRCLE  
 ST. CLOUD FL 34769**

10. Name and Address of New Registered Agent  
 81 Name **Jose Diaz-Asper**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**2462 Pine Chase Cir.**  
 83 **St. Cloud, Fl 34769**  
 84 City **FL** 85 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]* DATE **4/26/96**

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>DIAZ, ELENA</b>	
STREET ADDRESS	<b>2462 PINE CHASE CIRCLE</b>	
CITY - ST - ZIP	<b>ST. CLOUD FL 34769</b>	
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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<b>President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	<b>Luis M. Fernandez</b>	
13 STREET ADDRESS	<b>300 N.E. 67th Street</b>	
14 CITY - ST - ZIP	<b>MIAMI, FL 33138</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE	<b>20000185688</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	<b>-06/10/96--01019--052</b>	
53 STREET ADDRESS	<b>***25.00</b>	
54 CITY - ST - ZIP		
61 TITLE	<b>30000185688</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	<b>-06/10/96--01019--053</b>	
63 STREET ADDRESS	<b>***200.00</b>	
64 CITY - ST - ZIP		

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]* (Luis M. Fernandez) 4/10/96 DATE: **05 6/10/96**

CR2E034 (12/95)