

PROFIT CORPORATION ANNUAL REPORT 1998



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

FILED
Jun 03 1998 8:00am
Secretary of State

DOC P. 950000 60608

Corporation Name
MET TRADERS, INC.

Principal Place of Business Mailing Address
2600 SW 3rd AVE PH-B
MIAMI FL 33129



DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified: 8/7/1995

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

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

1. Principal Place of Business	2a. Mailing Address
25	28
Suite, Apt. #, etc.	Suite, Apt. #, etc.
27	28
City & State	City & State
29	30
Zip	Country
25	29
Country	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name: NELSON R. REYNERI

82 Street Address (P.O. Box Number is Not Acceptable): 2600 SW 3rd AVE PH-B

83

84 City: MIAMI FL 85 Zip Code: 33129

I, 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, 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]* NOTE: Registered Agent signature required when registering. DATE:

9. OFFICERS AND DIRECTORS		10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	1.1 TITLE	TITLE	1.1 TITLE
NAME	1.2 NAME	NAME	1.2 NAME
STREET ADDRESS	1.3 STREET ADDRESS	STREET ADDRESS	1.3 STREET ADDRESS
CITY-STATE-ZIP	1.4 CITY-STATE-ZIP	CITY-STATE-ZIP	1.4 CITY-STATE-ZIP
TITLE	2.1 TITLE	TITLE	2.1 TITLE
NAME	2.2 NAME	NAME	2.2 NAME
STREET ADDRESS	2.3 STREET ADDRESS	STREET ADDRESS	2.3 STREET ADDRESS
CITY-STATE-ZIP	2.4 CITY-STATE-ZIP	CITY-STATE-ZIP	2.4 CITY-STATE-ZIP
TITLE	3.1 TITLE	TITLE	3.1 TITLE
NAME	3.2 NAME	NAME	3.2 NAME
STREET ADDRESS	3.3 STREET ADDRESS	STREET ADDRESS	3.3 STREET ADDRESS
CITY-STATE-ZIP	3.4 CITY-STATE-ZIP	CITY-STATE-ZIP	3.4 CITY-STATE-ZIP
TITLE	4.1 TITLE	TITLE	4.1 TITLE
NAME	4.2 NAME	NAME	4.2 NAME
STREET ADDRESS	4.3 STREET ADDRESS	STREET ADDRESS	4.3 STREET ADDRESS
CITY-STATE-ZIP	4.4 CITY-STATE-ZIP	CITY-STATE-ZIP	4.4 CITY-STATE-ZIP
TITLE	5.1 TITLE	TITLE	5.1 TITLE
NAME	5.2 NAME	NAME	5.2 NAME
STREET ADDRESS	5.3 STREET ADDRESS	STREET ADDRESS	5.3 STREET ADDRESS
CITY-STATE-ZIP	5.4 CITY-STATE-ZIP	CITY-STATE-ZIP	5.4 CITY-STATE-ZIP
TITLE	6.1 TITLE	TITLE	6.1 TITLE
NAME	6.2 NAME	NAME	6.2 NAME
STREET ADDRESS	6.3 STREET ADDRESS	STREET ADDRESS	6.3 STREET ADDRESS
CITY-STATE-ZIP	6.4 CITY-STATE-ZIP	CITY-STATE-ZIP	6.4 CITY-STATE-ZIP

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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 in an attachment, and an address.

SIGNATURE: *[Signature]* SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: 0176314

CR2E034 (10/97)