

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

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Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90134 004 ***150.00

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PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P96000027865**

1. Corporation Name
METROCUTS, INC.



Principal Place of Business
601 BRICKELL KEY DRIVE
STE #705
MIAMI FL 33131
US

Mailing Address
601 BRICKELL KEY DRIVE
STE #705
MIAMI FL 33131
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 **40 S.E. 1 street**
 Suite, Apt. #, etc.
 22
 City & State
 23 **Miami, Florida**
 Zip Country
 24 **33131** 25 **USA**

2a. Mailing Address
 26 **40 S.E. 1 street**
 Suite, Apt. #, etc.
 27
 City & State
 28 **Miami, FL**
 Zip Country
 29 **33131** 30 **USA**

3. Date Incorporated or Qualified
03/25/1996

4. FEI Number
65-0664991

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 owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
~~DE LA PENA, LEONCIO E
 601 BRICKELL KEY DRIVE
 STE #705
 MIAMI FL 33131~~

10. Name and Address of New Registered Agent
 81 Name **JOSE A. GOYANES**
 82 Street Address (P.O. Box Number is Not Acceptable)
40 S.E. 1 street
 83
 84 City **Miami** FL 85 Zip Code **33131**

11. Pursuant to the provisions of Sections 607.002 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 *Jose Goyanes* DATE **4-24-99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOYANES, JOSE A	1.2 NAME	
STREET ADDRESS	601 BRICKELL KEY DRIVE, #705	1.3 STREET ADDRESS	40 S.E. 1 street
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	MIAMI, FL 33131
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOYANES, JOSE	2.2 NAME	
STREET ADDRESS	601 BRICKELL KEY DRIVE, #705	2.3 STREET ADDRESS	40 S.E. 1 street
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	MIAMI, FL 33131
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.073(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, with a power of attorney.

SIGNATURE: *Jose Goyanes* DATE: **4/24/99** DAYTIME PHONE #: **(305) 577-8896**

CR2E034 (11/98)