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

FLORIDA DEPARTMENT OF STATE

PROFIT

Jun 06 1997 8:00am **CORPORATION** Sandra B. Mortham ANNUAL REPORT, 1 Secretary of State Secretary of State DIVISION OF CORPORATIONS **DOCUMENT #** METROS POULS, INC Mailing Address Principal Place of Business P.O. Box 454136 300 S.W. 31COURT MIAMI, FLA 33245 MIANI, FLA. 33135 3. Date Incorporated or Qualified 3a. Date of Last Report 1996 2. Principal Place of Business 2a. Mailing Address Applied For 26 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 Country Zip 8. This corporation has liability for intangible tax under s. 199,032, ☐ Yes ⊠ No 24 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name RIEZ KAYAS AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) 83 TIAMI BEACH. F4 33119 84 City 85 Zip Code Pursuant to the provisions of Sections 607,0502 and 607,0508. 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. 11. Pursuant to the provisions of Sections 607/0502 and SIGNATURE Signature, typed or printed name of registered agent and trip (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIR ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) 12, 13. DELETE 1.1 TITLE ☐ Change ☐ Addition TITLE 1 2 NAME NAME JACKJON. 8. W. 2 00 E 169 STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE 22 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY - ST - 7IP DELETE 31 TITLE ☐ Change Addition 32 NAME NAME -STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP 800002209448 -06/11/97-01116--009 DELETE 4.1 TITLE Addition TITLEO 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS ***5.00 CITY-ST-ZIP 4.4 CITY - ST - 7iP ☐ DELETE 5 1 TITLE Addition TITLE 5.2 NAME NAME STREET ADDRESS **53 STREET ADDRESS** CITY-ST-7IP 54 CITY-ST-ZIP DELETE Change ☐ Addition TITLE 61 TITLE 700002209447 -06/11/97--01116--008 62 NAME **63 STREET ADDRESS** STREET ADDRESS ***160.00 6.4 CITY-ST-ZIP CITY-ST 7-P 14. I do neceby certify that the information supplied with this filing does not quality 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 if 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. 659.9780 NTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Daylime Phone #