| PROFIT |
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| CORPORATION |
| ANNUAL REPORT |
| 1002 |



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P97000010769 (2)

FILED

98 JUL 13 AM 11: 43

| TUE METEO COOLD INC | | | | | | | SECRETARY OF STATE TALLAHASSEE, FLORIDA | |
|---|---|---|----------------------|------------------------------|---|--|--|--|
| THE METEC GROUP, INC. | | | | | | | IALLANASSEE, FLURIUA | |
| | | | | | | | | |
| Principal Place of Business Malling Address | | | | | | | T TRENUTER HIR TOTAL FORM ORDER ORDER CONTROL HAVE ORDER CLAIM ORDER CLAIM ORDER CLAIM ORDER CLAIM ORDER CLAIM | |
| 1000 BRICKELL AVENUE. SUITE-1000 1000 BRICKELL AVENUE. SUIT | | | | | | | | |
| MIAMI FL 33131 450 MIAMI FL 33131 | | | | 45 | | | | |
| | | , , , | | | DO NOT WRITE IN THIS SPACE | | | |
| | | | | | | | 3. Date Incorporated or Qualified | |
| 2. Principal P | Inilina Address | | | | 02/03/1997 4. FEI Number Applied For | | | |
| 21 - Cilicipai F | Tace of Dusiness | } | 2a. Mailing Address | | | | 4. FEI Number Applied For Not Applicable | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | | S8 75 Additional | |
| 22 | | | 27 | | | | 5. Certificate of Status Desired Fee Required | |
| City & Stat | te | | City & State | | | | 6. Election Campaign Financing \$5.00 May Be | |
| 23 | | 28 | | | | | Trust Fund Contribution Added to Fees | |
| | Zip Country | | Zip Coun | | lry | | 8. This corporation owes or has paid the current year Intangible | |
| 24 | | | 29 30 | | | | Personal Property Tax due June 30. Yes No | |
| 9. Name and Address of Current Registered Agent | | | | | 1 Nam | <u> </u> | 10. Name and Address of New Registered Agent | |
| TORANO, ERIC 1000 BRICKELL AVENUE, SUITE- 1000 | | | | | | | | |
| MIAMI FL 33131 450 | | | | 8 | 2 Stree | 2 Street Address (P.O. Box Number is Not Acceptable) | | |
| INCHARLE COLOT | | | | 1 | :3 | | | |
| | | | | | | | | |
| | | | | | 4 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 | | | | | | | | |
| οπισε or agent. I | registered agent, or b am familiar with, and | oth, in the State of Florida. accept the obligations of, s | ection 607.0505, Fig | iutnorizea : irida Statut | by the co es. | poration | is board of directors. I hereby accept the appointment as registered | |
| SIGNATURE | | | | | | | | |
| Signature, typed or printed name of registered agent and little if applicable. (NOTE Register 12. OFFICERS AND DIRECTORS 13. | | | | | red Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
| TITLE | PST | OFFICERS AND DIRECT | DELETE | 1.1 TITLE | : | 1 | | |
| NAME | TORANO, ERIC | | | 1 | 1.3 IIILE L Change L Addition | | | |
| STREET ADDRESS | | VENUE, SUITE-1999 | | 1.3 STREET ADDRESS | | ; | | |
| CITY-ST-ZIP | MIAMI FL 33131 | | | 1.4 CiTY | ST-ZIP | | | |
| TITLE | | | DELETE | 2.1 TITLE | | | Change Addition | |
| NAME | | | | 2.2 NAM | Ē | | 4000025901345 | |
| STREEFADORESS | | | | 2.3 STRE | ET ADDRESS | | -07/15/9801083023 | |
| CITY-ST-ZIP | | | | 2.4 CITY | | *** | ****158.75 <u>**</u> ***158.75 | |
| TITLE | | | DELETE | 3.1 TITLE | | | Change Addition | |
| NAME* | | | | 3.2 NAMI | | | | |
| STREET ADDRESS | | | | | ET ADDRESS | | | |
| CITY-ST-ZIP TITLE | - | | DELETE | 3.4 CITY- 4.1 TITLE | | · · · · · · · · | Channe | |
| NAME | | | □ NETE IE | 4.2 NAMI | | | ☐ Change ☐ Addition | |
| STREET ADDRESS | | | | | - Et adoress | | | |
| CITY-ST-ZIP | | | | 4.4 CITY | | | | |
| TITLE | | | DELETE | 5.1 TITLE | | | Change Addition | |
| NAME | | | | 5.2 NAMI | | | -, N | |
| STREET ADDRESS | | | | 5.3 STRE | ET ADDRESS | -[| / De 11 | |
| CITY-ST-ZIP | | | | 5.4 CITY- | ST-ZIP | <u> </u> | | |
| TITLE | | | DELETE | 6.1 TITLE | | 1 | ☐ Change ☑ Addition | |
| NAME | | | | 6.2 NAME | | 1 | \ / | |
| I | | | | | ET ADDRESS | 1 | | |
| CITY-ST-ZIP | | // | | 6.4 CITY- | ST-ZIP | <u></u> | | |

14. I hereby certify that the Information supplied with this fling 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 supplier ontal agricultation of the control of the optional agricultation of the control of the optional or flusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charged by or an attachment with an address.

CNATURE: 95% NATURE DE QUIRE D

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305.M9.4755

R2E034 (5/98)





July 2, 1998

Florida Dept. of State Div of Corp. Registr. Section 409 E Gaines St. Tallahassee, FL 32399

Dear Leslie:

Enclosed please find our check # 3375 in the sum of \$158.75 for the corporation annual report. Document #P97000010769.

We are requesting that you abate the late filing penalty, because we moved and we did not receive the forms for this business or for 3 other businesses at the same address.

As we have always filed on time prior to this, we are asking to please have these penalties abated.

Sincerely,

Robert R. Miller Comptroller