

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

PROFIT
CORPORATION
ANNUAL REPORT

1999 2000



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

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90104 020 ***158.75

DOCUMENT # P97000010769

1. Corporation Name

THE METEC GROUP, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business

1000 BRICKELL AVENUE, SUITE 450
MIAMI FL 33131

Mailing Address

1000 BRICKELL AVENUE, SUITE 450
MIAMI FL 33131

2100 CORAL WAY SUITE 300
MIAMI FL 33145

3. Date Incorporated or Qualified

02/03/1997 OK

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number

65-0727252

Applied For
Not Applicable

5. Certificate of Status Desired

X

\$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

10. Name and Address of New Registered Agent

TORANO, ERIC
1000 BRICKELL AVENUE, SUITE 450
MIAMI FL 33131

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP
PST
TORANO, ERIC
1000 BRICKELL AVENUE, SUITE 450
MIAMI FL 33131

DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

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3.1 TITLE
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30.1 TITLE
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30.4 CITY-STATE-ZIP

DELETE

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00

Date

305/860/9700

Daytime Phone