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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000027596

OBJECTMATTER, INC.

Principal Place of Business

Mailing Address

1912 N.W. 94 AVENUE

1912 N.W. 94 AVENUE

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90224 032 ***150.00

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MIAMI FL 33172		MIAMI FL 33172		DO NOT HIDTE IN THE SPACE		
1				DO NOT WRITE IN THIS SPACE 3 Date Incorporated or Qualified		
				03/24/1997		
a Principal Pl	lace of Business	2a, Mailing Address	-0-1	4. FEI Number Applied For		
21 2450		26 2450 SW 13	37 AVE			
Suite, Apt.		Suite, Apt. #, etc.		\$8.75 Additional		
22 20		27 206		5 - Certificate of Status Desired Fee Required		
City & State		City & State		6. Election Campaign Financing \$5.00 May Be		
City & State City & State City & State City & State FLORIDA RIAMI FLORIDA		Trust Fund Contribution Added to Fees				
Zip	Country	Zip Co	untry	8. This corporation owes the current year Intangible		
24 331						
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered Agent		
			81 Name	me .		
	Travieso, enrique jr			82 Street Address (P.O. Box Number is Not Acceptable)		
l	N.W. 94 AVENUE		2450 SW 137 AVE.			
MIAN	II FL 33172		83	206		
ĺ			84 City			
				MIHMI FL 33175_		
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes, the	above-name	ned corporation submits this statement for the purpose of changing its registered		
office or re	egistered agent, opboth, in the State of m familiar with farid accept the obligation	r Florida. Such change was authorize ons of, Section 607.0505, Florida Sta	atutes.	orporation's board of directors. I hereby accept the appointment as registered		
SIGNATURE	Traviera			4/17/99		
SIGNATURE	Signature, typed or printed name of registered agent		ed Agent signature	ure required when reinstating) DATE		
12.	OFFICERS AND			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 P VP S		
TITLE	P	__	TITLE	P VP 5		
NAME	TRAVIESO, ENRIQUE J		NAME			
STREET ADDRESS	2838 SW 131 PL		STREET ADDRESS	ESS		
CITY-ST-ZIP	MIAMI FL 33175	700	CITY-ST-ZIP	Change Addition		
TITLE	VP		TITLE			
NAME	TRAVIESO, ENRIWUE		NAME			
STREET ADDRESS	1133 NW 133_CT		STREET ADORESS	ESS		
CITY-\$T-ZIP	MIAMI FL 33182		CITY-ST-ZIP	Change Addition		
TITLE	<u>S</u>	• •	TITLE			
NAME	TRAVIESO, ELENA	•	NAME			
STREET ADDRESS	1133 NW 133 CT		STREET ADDRESS	ESS		
CITY-ST-ZIP	MIAMI FL 33182		CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE			TITLE	Change Modition		
NAME			NAME			
STREET ADDRESS	•		STREET ADDRESS	tss		
CITY-ST-ZIP			CITY-ST-ZIP	Change Addition		
TITLE			TITLE NAME			
NAME			NAME STREET ADDRES	rce		
STREET ADDRESS		<u> </u>	STREET ADURES: CITY-ST-ZIP	530		
CITY-ST-ZIP			TITLE	☐ Change ☐ Addition		
TITLE			NAME	, Collarge Chauditori		
NAME '		I - ·		cce		
STREET ADDRESS			STREET ADDRESS	230		
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 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental 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 changes, or or an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR