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

PROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 01 1998 8:00 am
Secretary of State

DOCUMENT # P97000043411 (2)

1. Corporation Name
MATISE CORPORATION (U.S.A.), INC.

Principal Place of Business	Mailing Address
C/O CHARLES A. SCHUETTE ONE SE THIRD AVENUE 28TH FLOOR MIAMI FL 33131	C/O CHARLES A. SCHUETTE ONE SE THIRD AVENUE 28TH FLOOR MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/15/1997

2. Principal Place of Business	2a. Mailing Address
21 c/o Eberto Vitier	26 c/o Eberto Vitier
Suite, Apt. #, etc. 22 2655 LeJeune Rd., PH 2-B	Suite, Apt. #, etc. 27 2655 LeJeune Rd., PH 2-B
City & State 23 Coral Gables, FL	City & State 28 Coral Gables, FL
Zip 24 33134 Country 25 USA	Zip 29 33134 Country 30 USA

4. FEI Number: 65- 07744292 ☐ Applied For ☐ Not Applicable

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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SCHUETTE, CHARLES A
ONE SE THIRD AVENUE
28TH FLOOR
MIAMI FL 33131

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE		☐ DELETE	1.1 TITLE	AS	☐ Change ☒ Addition
NAME			1.2 NAME	Eberto A. Vitier	
STREET ADDRESS			1.3 STREET ADDRESS	2655 LeJeune Road, PH 2-B	
CITY-ST-ZIP			1.4 CITY-ST-ZIP	Coral Gables, FL 33134	
TITLE		☐ DELETE	2.1 TITLE	P	☐ Change ☒ Addition
NAME			2.2 NAME	Armando Araujo	
STREET ADDRESS			2.3 STREET ADDRESS	c/o Eberto Vitier, 2655 LeJeune Rd, PH 2B	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	Coral Gables, FL 33134	
TITLE		☐ DELETE	3.1 TITLE	V/S	☐ Change ☒ Addition
NAME			3.2 NAME	Adalicia Araujo	
STREET ADDRESS			3.3 STREET ADDRESS	c/o Eberto Vitier, 2655 LeJeune Rd., PH 2B	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	Coral Gables, FL 33134	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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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 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.

Eberto A. Vitier, Assistant Secretary

SIGNATURE: _____ 4/30/98 (305)444-7899