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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000073258 (0)

FILED Mar 30 1998 8:00am Secretary of State

7800 MILANO DRIVE ORLANDO FL 32835-8161 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/25/1997 2. Principal Place of Business 2a. Mailing Address 2f	1. Corporatio	MATAX INCORPORATED	0070200 (0)					
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City & State	2. Principal P	¬ ' ⊢¬ `						
City & State City & State 28 29 28 29 29 20 29 20 20 20 20	—					5. Certificate of Status Desired		
29 20 20 20 20 20 20 20						8. Election Campaign Financing	\$5.00 May Be	
9. Name and Address of Current Registered Agent AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134 B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) 544 City FL 85 Zip Code 14. Pursuant to the provisions of Sections 607,0002 and 607,1508, Florids Statutes, the above-named corporation submits this statement for the purpose of phaning its registered Office or registered agent. In the State of Noticis, Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered Office or registered agent. In the State of Noticis, Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered Office or registered agent. In the State of Noticis, Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered Office or registered agent. In the State of Noticis State and State (NOTE Registered by the corporation's board of directors. Thereby accept the appointment as registered Office or registered by the corporation's board of directors. Thereby accept the appointment as registered Office or registered by the corporation's board of directors. Thereby accept the appointment as registered of the purposes of the purpose of phaning the registered of the corporation's board of directors. Thereby accept the appointment as registered of the purpose of phaning the registered of the corporation's board of directors. Thereby accept the appointment as registered of the corporation's board of directors. Thereby accept the appointment as registered of the corporation of state of the purpose of directors. Thereby accept the purpose of phaning the registered of the corporation of state of the purpose of the purpose of the purpose of the corporation of state appointment as registered of the corporation of state ap	23 28							
B. Name and Address of Current Registered Agent AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134 BB Name CORAL GABLES FL 33134 BB Sume CORAL GABLES FL 33134 BB Sume BB Su		Country	Zip	Country		8. This corporation owes or has paid the		
AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134 B2 Street Address (P.O. Box Number is Not Acceptable) 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutos, the 40-city FL 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutos, the 40-city FL 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutos, the 40-city s	24			30]				
343 ALMERIA AVENUE CORAL GABLES FL 33134 82 Street Address (P.O. Box Number is Not Acceptable) 83 Almeria Avenue Box	Ah		it Hegistered Agent	81	Name	10. Name and Address of New Registers	Q Agent	
Signature Page Signature Page Signature Page Signature Signatu				82	Street Addre	et Address (P.O. Box Number is Not Acceptable)		
### City ### By Zip Code 11. Pursuant to the provisions of Socians 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this atatement for the purpose of changing its 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, 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, 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, and accept the objective agent states. #### Signature typical or printed the or increased. Where Registered Agent states. #### Signature typical or printed the or increased. Where Registered Agent states. #### OFFICE IS AND DIRECTORS 13. ### ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ### TITLE	CC	DRAL GABLES FL 33134						
1. Pursuant to the provisions 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, 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, 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, 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, or both, in the State of Adentity and the Parameter Agent agent are required when influsturing). 12. OFFICE IS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. OFFICERS AND DIRECTORS IN 12 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 16. The Addition of The Addition o				63				
11. Persuant to the provisions of Socions 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE				84	City		85 Zip Code	
12. OFF ICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	11. Pursuant office or re agent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	2 and 607.1508, Florida Statutes of Florida. Such change was au ations of, Section 607.0505, Flori	s, the above thorized by ida Statutes	e-named corpo the corporation			
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		ertify that the information supplied wi	ith this filing does not qualify for			ection 119.07(3)(i). Florida Statutes, I further	certify that the information	

4. 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.

CICALATUDE.

John H. Czardiner TI

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