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PROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 98 NOV 23 PM 1:37 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # <u>P97 000079301</u> 1. Corporation Name VITRIMAR INC					
Principal Place of Business 6795 SW 56 ST MIAMI, FL 33155			Mailing Address		
DO NOT WRITE IN THIS SPACE					
3. Date Incorporated or Qualified					
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 25 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		4. FEI Number <u>65-0846350</u> Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent MARIO RIVERA 6795 SW 56 ST MIAMI, FL 33155				10. Name and Address of New Registered Agent	
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 607.0605, Florida Statutes. SIGNATURE <u>[Signature]</u> <u>11/20/98</u> Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)				81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL	
12. OFFICERS AND DIRECTORS TITLE <input type="checkbox"/> DELETE NAME PRESIDENT STREET ADDRESS MARIO RIVERA CITY - ST - ZIP 6795 SW 56 ST MIAMI, FL 33155 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY - ST - ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY - ST - ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY - ST - ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY - ST - ZIP				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 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 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 its predecessor 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 added in attachment with an address. SIGNATURE: <u>[Signature]</u> <u>11/20/98</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

(2)

VITRIMAR INC.
6795 SW 56 ST.
MIAMI, FL 33155

Thursday, November 19, 1998

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314-6327

RE: MISSING ANNUAL REPORT

We regret to tell you that we never received the first nor the second notice to collect the annual dues. As a matter of fact, we are taking all the necessary steps to prevent this from happening again. As you can see, we moved our business location to 6795 SW 56 ST, Miami, FL 33155 and the mail was not forwarded by the post office. We did not intentionally forgot to pay the annual dues since we have no records of receiving the notices. Please, accept the enclosed check in the amount of \$150.00 and we respectfully ask for the additional fees to be abated.

We thank you in advance for your time and understanding to our special request. If you have any question, do not hesitate to contact us at (305) 669-1801.

Sincerely yours,


MARIO RIVERA - PRESIDENT