

AND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # P97000083612

CORPORATION NAME  
MATIST HOLDINGS, INC.

Principal Place of Business

SAN ESYEBAN  
SUITE 2550  
CORAL GABLES FL 33146

Mailing Address

616 SAN ESYEBAN  
SUITE 2550  
CORAL GABLES FL 33146  
US

Principal Place of Business

616 SAN ESTEBAN

Suite, Apt. #, etc.

City & State

CORAL GABLES FL

Zip 33146

Country U.S.

2a. Mailing Address

26 616 SAN ESTEBAN

Suite, Apt. #, etc.

City & State

28 CORAL GABLES

Zip 33146

Country U.S.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/25/1997

4. FEI Number

65-0792392

Applied For

Not Applicable

5. Certificate of Status Desired

☒ NO

\$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.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

ZARRAGA, MANUEL DE  
616 SAN ESTEBAN  
SUITE 2550  
CORAL GABLES FL 33146

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

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

7/1/99

OFFICERS AND DIRECTORS

P	DE ZARRAGA, MANUEL	<input type="checkbox"/> DELETE
ST-ADDRESS	616 SAN ESTEBAN	
ST-ZIP	CORAL GABLES FL 33146	
VP	DE ZARRAGA, MARLENE	<input type="checkbox"/> DELETE
ST-ADDRESS	616 SAN ESTEBAN	
ST-ZIP	CORAL GABLES FL 33146	
		<input type="checkbox"/> DELETE
		<input type="checkbox"/> DELETE
		<input type="checkbox"/> DELETE
		<input type="checkbox"/> DELETE

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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	

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.

SIGNATURE:

ASST. SECRETARY OF STATE

7/1/99 (305) 358-8822

FILED  
Jul 12, 1999 8:00 am  
Secretary of State

07-12-1999 90008 012 \*\*\*550.00



CR2E034 (5/99)