

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

FILED
Apr 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000095793 (0)**

1. Corporation Name

METRICOR CORPORATION



Principal Place of Business 8700 S.W. 124 STREET MIAMI FL	Mailing Address 8700 S.W. 124 STREET MIAMI FL
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/07/1997	
21 Suite, Apt. #, etc.	26 13940 S.W. 136th St	4. FEI Number 65-0796234		Applied For Not Applicable	
22 City & State	27 Suite, Apt. #, etc.	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
23 City & State	28 City & State Miami, FL 33186	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
24 Zip	25 Country	29 Zip	30 Country	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**BENITEZ, VICTOR
8700 S.W. 124 STREET
MIAMI FL**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	D P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BENITEZ, VICTOR M			1.2 NAME	Benitez, Victor M		
STREET ADDRESS	8700 S.W. 124 STREET			1.3 STREET ADDRESS	8700 S.W. 124th Street		
CITY-ST-ZIP	MIAMI FL			1.4 CITY-ST-ZIP	Miami, FL 33176		
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	D V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BENITEZ, MIRIAM C			2.2 NAME	Benitez, Miriam		
STREET ADDRESS	8700 S.W. 124 STREET			2.3 STREET ADDRESS	8700 S.W. 124th Street		
CITY-ST-ZIP	MIAMI FL			2.4 CITY-ST-ZIP	Miami, FL 33176		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				3.2 NAME	Benitez, Victor A.		
STREET ADDRESS				3.3 STREET ADDRESS	14920 S.W. 167th St		
CITY-ST-ZIP				3.4 CITY-ST-ZIP	Miami, FL 33187		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				4.2 NAME	Duart, Carlos A.		
STREET ADDRESS				4.3 STREET ADDRESS	14491 S.W. 161st St		
CITY-ST-ZIP				4.4 CITY-ST-ZIP	Miami, FL 33177		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				5.2 NAME	Duart, Regina		
STREET ADDRESS				5.3 STREET ADDRESS	14491 S.W. 161st St		
CITY-ST-ZIP				5.4 CITY-ST-ZIP	Miami, FL 33177		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
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 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: 

04/21/98

(305) 235-5098

CR2E034 (1097)