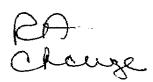
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(Requ	iestor's Name)	
(Addr	ess)	
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(City/s	State/Zip/Phone	e#)
PICK-UP	☐ WAIT	MAIL
(Busir	ness Entity Nar	ne)
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ertified Copies	Certificates	of Status
Special Instructions to Fil	ing Officer:	

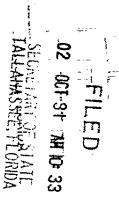
Office Use Only



100008582321



10/31/02--01074--017 **35.00



DR 102

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations								
SUBJECT: METASYS USA	, INC.							
(Name of corporation)								
DOCUMENT NUMBER: P9	8000019437							
The enclosed Statement of Change of	f Registered Office/Agent	and fee are submitted for filing.						
Please return all correspondence con	cerning this matter to the fo	ollowing:						
JOHN H. PELL		· •						
(Name of person	on)	_						
JOHN H. PELL CPA.		_						
(Name of firm/com	ipany)							
7500 Red Road, Suite	э В	_						
(Address)		• • • • • • • • • • • • • • • • • • •						
,		_						
Miami Florida, 33143	3							
(City/state and zip	code)							
For further information concerning t	his matter, please call:							
John H. Pell	at (305)	666~0257						
(Name of person)	(Area code &	666-0257 daytime telephone number)						
Enclosed is a \$35.00 check made payable to the Department of State.								
Mailing Address:	Street Address:	≐						
Amendment Section	Amendment Section							
Division of Corporations	Division of Corporations							
P.O. Box 6327	409 E. Gaines Street Tallahassee, FL 32399							
Tallahassee, FL 32314	rananassee, PL 32377							

STATEMENT OF CHANGE OF REGISTERED ÖFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the	e provisions of se	ections 60	7.0502, 617	.0502,	607.1508	, or 617.15	08, Florida	Statutes,
this statement o	f change is subm	itted for a	corporation	organi	ized unde	r the laws of	the State o	f
Florida	in order to	change	its registere	d office	or regis	tered agent,	or both, in	the State
of Florida.					-	_		
1. The name of	the corporation:_	METAS	YS USA,	INC	<u> </u>			
2. The principal	l office address:	5001	SW 74th	Cour	rt,_Su	ite 206		, ,
	THE SECURE STATES THE SECURITY		Florid	a, 3:	315 <u>5</u> .	US		
3. The mailing	address (if differe				=	an and a second second	The same at the sa	<u> </u>
	poration/qualifica			998	Docum	ent number:	P98000	0019437
	d street address of rtment of State:	f the curre	nt registered	l agent	and regis	tered office	on file with	the
			Baur,	Thor	mas			
	100 1	Biscayr	ne Blvd.	215	r. Flo	or	MILL MILL	8
			Cower, M				AIIA	8 -
C 701		- 6 43	•	1	C.C. I	- 5) - 1 /	— SSE	$\frac{\omega}{\omega}$
6. The name at changed):	nd street address	or the ne	-	-		-	registered	
olinisgoty.			John H.	Pel	l CPA.			≩ □
	•	7500 Re	ed Road,	Sui	te B			မှ
•		(P.O. Box o	personal mailbo	x NOT ac	ceptable)		<u> </u>	ယ
	I	Miami I	lorida	3314	3 =			
The street addreagent, as change	ess of its registere ed will be identic	ed office a	nd the stree	t addre	ss of the	business off	ice of its re	gistered
Such change was authorized by the	as authorized by the coard for the c	resolution orporation	duly adopte has been n	ed by it otified	s board o	f directors og of the char	r by an offi nge.	cer so
	TW			!	Walter	Ruffin	i	
	r, chairman or vice chairm					yped name and til		
1 jurther agree performance of	the appointment to comply with the my duties, and I it. Or, if this doc I hereby confirm	ie provisio am famili	ons of all sto ar with and	itutes ri accept	elativ e to the oblin	the proper station of my	and comple position as	3
	ignature of Registered As	ent)				(Date)	<u>(/02</u>	<u>, </u>
If signing on behal		gwell)			≡	(2414)	,	
it signing on denai	a or an energy.							
(7	Typed or Printed Name)					(Capacity)		

* * * FILING FEE: \$35.00 * * *