


FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90127 041 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P98000029607		
1. Corporation Name METALBRIX U.S.A., INC.		

Principal Place of Business
 4813 97TH WAY NORTH
 ST. PETERSBURG FL 33708

Mailing Address
 4813 97TH WAY NORTH
 ST. PETERSBURG FL 33708



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 9216 PALM RIVER RD Suite, Apt. #, etc. 22 Suite 204 City & State 23 Tampa FL Zip Country 24 33169 25		2a. Mailing Address 26 Same as above Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30		3. Date Incorporated or Qualified 03/31/1998 4. FEI Number 59-3502921 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees 7. Trust Fund Contribution <input type="checkbox"/> 8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
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9. Name and Address of Current Registered Agent CHECHELE, T S 5625 CENTRAL AVENUE ST. PETERSBURG FL 33710		10. Name and Address of New Registered Agent 81 Name Henry Guerra 82 Street Address (P.O. Box Number is Not Acceptable) 9216 PALM RIVER ROAD 83 Suite 204 84 City Tampa 85 Zip Code FL 33169	
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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]* DATE 4-1-99
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P <input type="checkbox"/> DELETE NAME PALACIOS, FERNANDO STREET ADDRESS 4813 97TH WAY NORTH CITY-ST-ZIP ST. PETERSBURG FL 33708	<input type="checkbox"/> Change <input type="checkbox"/> Addition	1.1 TITLE 1.2 NAME 9216 PALM RIVER ROAD Suite 204 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP Tampa FL 33169	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE V <input type="checkbox"/> DELETE NAME GUERRA, HENRY STREET ADDRESS 4813 97TH WAY NORTH CITY-ST-ZIP ST. PETERSBURG FL 33708	<input type="checkbox"/> Change <input type="checkbox"/> Addition	2.1 TITLE 2.2 NAME Same as above 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE V <input checked="" type="checkbox"/> DELETE NAME PALACIOS, ENRIQUE STREET ADDRESS 4813 97TH WAY NORTH CITY-ST-ZIP ST. PETERSBURG FL 33708	<input type="checkbox"/> Change <input type="checkbox"/> Addition	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE V <input type="checkbox"/> DELETE NAME PALACIOS, YOLANDA STREET ADDRESS 4813 97TH WAY NORTH CITY-ST-ZIP ST. PETERSBURG FL 33708	<input type="checkbox"/> Change <input type="checkbox"/> Addition	4.1 TITLE 4.2 NAME Same as above 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE ST <input type="checkbox"/> DELETE NAME GUERRA, SYLVIA STREET ADDRESS 4813 97TH WAY NORTH CITY-ST-ZIP ST. PETERSBURG FL 33708	<input type="checkbox"/> Change <input type="checkbox"/> Addition	5.1 TITLE 5.2 NAME Same as above 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE T <input type="checkbox"/> DELETE NAME BRACHT, FRANK STREET ADDRESS 9216 PALM RIVER ROAD Suite 204 CITY-ST-ZIP Tampa FL 33169	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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, with all other like empowered.

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

83-630-0800

CR2E034 (1/98)