

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
May 05, 1999 8:00 am  
Secretary of State

05-05-1999 90142 028 \*\*\*150.00

DOCUMENT # P98000066252

1. Corporation Name  
MATRIX INTERNATIONAL GROUP, INC.

Principal Place of Business  
C/O ROTH & ROUSSO, P.A.  
9350 SOUTH DIXIE HWY. PH2  
MIAMI FL 33156

Mailing Address  
C/O ROTH & ROUSSO, P.A.  
9350 SOUTH DIXIE HWY. PH2  
MIAMI FL 33156

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/28/1998

4. FEI Number

65-0855420

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be  
Added to Fees

7. Trust Fund Contribution ☐

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 ROTH, ROUSSO & BENJAMIN, PA  
Suite, Apt. #, etc.

22 PH2, 9350 S. DIXIE HWY.  
City & State

23 MIAMI FL  
Zip Country

24 33156 USA

2a. Mailing Address

26 ROTH, ROUSSO & BENJAMIN, PA  
Suite, Apt. #, etc.

27 PH2, 9350 S. DIXIE HWY.  
City & State

28 MIAMI FL  
Zip Country

29 33156 USA

9. Name and Address of Current Registered Agent

ROTH, LEONARDO A  
C/O ROTH & ROUSSO, P.A.  
9350 SOUTH DIXIE HWY. PH2  
MIAMI FL 33156

ROTH, ROUSSO & BENJAMIN, P.A.

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 607.0605, Florida Statutes.

SIGNATURE

*Leonardo A. Roth*

(NOTE: Registered Agent signature required when reinstating)

DATE

4/29/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DPS  
HORACIO CASTRO, CARLOS  
9350 S. DIXIE HWY., PH2  
MIAMI FL 33156

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DVT  
MICHELLI, RICARDO  
9350 S. DIXIE HWY., PH2  
MIAMI FL 33156

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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:

*Carlos Castro Pres.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/99 (305) 670-9994

CR2E034 (11/98)

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