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Apr 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S06265** **(0)**

1. Corporation Name
MATPETROL, INC.

Principal Place of Business	*Mailing Address*
~~4711 NW 79TH AVE.~~ ~~SUITE 108~~ ~~N. MIAMI BCH. FL 33166~~	~~4711 NW 79TH AVE.~~ ~~SUITE 108~~ ~~N. MIAMI BCH. FL 33166-5440~~

3. Date Incorporated or Qualified: **10/12/1990**
3a. Date of Last Report: **02/15/1996**

2. Principal Place of Business
21 175FONTAINEBLEAU BLVD.
Suite, Apt. #, etc
22 STE. 2-A3
City & State
23 MIAMI, FL.
Zip 24 33172 Country 25 USA

2a. Mailing Address
26 175FONTAINEBLEAU BLVD.
Suite, Apt. #, etc
27 STE. 2-A3
City & State
28 MIAMI, FL.
Zip 29 33172 Country 30 USA

4. FEI Number: **65-0266063** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
RAFAEL MOREL
6555 NW 36TH ST STE 301
SUITE 302
MIAMI FL 33166

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	**PDT** ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	**CARABALLO, ERWIN**	1.2 NAME	
STREET ADDRESS	**3400 N.E./ 192ND ST. #812**	1.3 STREET ADDRESS	
CITY-ST-ZIP	**N. MIAMI BCH. FL**	1.4 CITY-ST-ZIP	
TITLE	**VSD** ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	**ROBY, MONICA**	2.2 NAME	
STREET ADDRESS	**3400 N.E. 192ND ST**	2.3 STREET ADDRESS	
CITY-ST-ZIP	**N. MIAMI BCH. FL**	2.4 CITY-ST-ZIP	
TITLE	~~VSD~~ ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	~~MONICA, ROBY~~	3.2 NAME	
STREET ADDRESS	~~3400 N.E. 192ND ST. #812~~	3.3 STREET ADDRESS	
CITY-ST-ZIP	~~N. MIAMI BCH. FL~~	3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do 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: V. SIGNATURE REQUIRED 4-4-97 3052286854
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #