

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

FILED

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
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DOCUMENT # **S06265** (0)

1. Corporation Name
MATPETROL, INC.

Principal Place of Business
**4711 N.W. 70TH AVE.
SUITE 400
N. MIAMI BCH. FL 33186**

Mailing Address
**4711 N.W. 70TH AVE.
SUITE 400
N. MIAMI BCH. FL 33186-5440**



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

2. Principal Place of Business 21 175 FONTAINEBLEAU BLVD. Suite, Apt. #, etc 22 STE. 2-A3 City & State 23 MIAMI, FL. Zip 24 33172 25 USA	2a. Mailing Address 26 175 FONTAINEBLEAU BLVD. Suite, Apt. #, etc 27 STE. 2-A3 City & State 28 MIAMI, FL. Zip 29 33172 30 USA
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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

10. Name and Address of New Registered Agent

**RAFAEL MOREL
6555 NW 36TH ST STE 301
SUITE 302
MIAMI FL 33166**

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

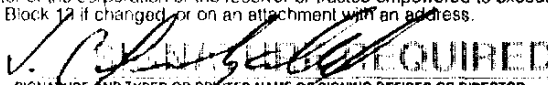
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	PDT ☐ DELETE
NAME	CARABALLO, ERWIN
STREET ADDRESS	3400 N.E./ 192ND ST. #812
CITY-ST-ZIP	N. MIAMI BCH. FL
TITLE	VSD ☐ DELETE
NAME	ROBY, MONICA
STREET ADDRESS	3400 N.E. 192ND ST
CITY-ST-ZIP	N. MIAMI BCH. FL
TITLE	VSD ☐ DELETE
NAME	MONICA, ROBY
STREET ADDRESS	3400 N.E. 192ND ST. #812
CITY-ST-ZIP	N. MIAMI BCH. FL
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 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:  **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

444-97 305 2286854

Date

Daytime Phone #

CR2E034 (9/96)