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

STREET ADDRESS

SIGNATURE:

Apr 27 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT** # (5) S73064 METRO TECHNOLOGY GROUP, INC. Principal Place of Business Mailing Address 8412 NW 17TH ST 8412 NW 17TH ST MIAMI FL 33126 MIAMI FL 33126 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/14/1991 2. Principal Place of Business 2a. Mailing Address Applied For 21 2001 NN 81 Avenue 2001 NW B4 AVENUE 65-0279682 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional V 5. Certificate of Status Desired MIAMI Fee Required 6. Election Campaign Financing \$5.00 May Be MIAM, MIAMI, Trust Fund Contribution Added to Fees DADE Zp 33122 8. This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. 29 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name WALTER CARIDAD, WALTER CARIDAD 8412 NW 17TH ST Street Address (P.O. Box Number is No **MAMI FL 33126** 84 Zip Code 33122 MIAMI 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, typed or printed name of regulared ageor and title if applicable (NOTE Registered Agent signature required when reinstating) 12 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1.1 TITLE CARIDAD, WALTER 1.2 NAME NAME STREET ADDRESS 141 CRANDOM BLVD. #437 1.3 STREET ADDRESS KEY BISCAYNE FL CITY-ST-7IP 14 CITY-ST-ZIP DELETE 2.1 TITLE Change Addition CARIDAD, WALTER NAME 2.2 NAME 141 CRANDOM BLVD, #437 2.3 STREET ADDRESS STREET ADDRESS KEY BISCAYNE FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE MOLINA, ARTURO NAME 3.2 NAME AV. CORDOBA 456 3'A' STREET ADDRESS 3.3 STREET ADDRESS **BUENOS AIERS, ARGENT** CITY - ST - ZIP 3 4. CITY - ST- ZIP DELETE Change Addition 4.1 TITLE TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - \$1 - ZIP CITY - ST - ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition 61 TITLE TITE F NAME 62 NAME

6.3 STREET ADDRESS 6.4 CITY - ST-ZIP 14. Thereby 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

1-20-98

FILED