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

PROFIT CORPORATION ANNUAL REPORT 1998 DOCUMENT # MATALON, INC. Principal Place of Business 11111 BISCAYNE BLVD. **UNIT 456** NORTH MIAMI FL 33181

2. Principal Place of Business

Sulte, Apt. #, etc.

City & State

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Zip

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

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Country

9. Name and Address of Current Registered Agent

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MATALON, ELYAHU 11111 BISCAYNE BLVD.

NORTH MIAMI FL 33181

UNIT 456

11111 BISCAYNE BLVD.

NORTH MIAMI FL 33181

Suite, Apt. #, etc.

Mailing Address

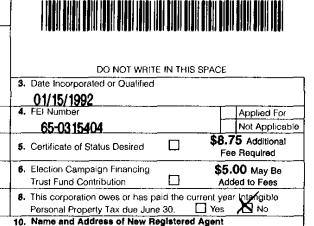
2a. Mailing Address

City & State

Zip

UNIT 456

FILED Jan 27 1998 8:00am Secretary of State



Street Address (P.O. Box Number is Not Acceptable)

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 agont, 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

Country

81 Name

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84 City

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agent, I a	m tamiliar with, and accept the obligations of, S	ection 607.0505, Flo	orida Statutes.	•	Ü	
SIGNATURE	Stonature, typed or printed name of repustored agont and title if as	policable (NOT	: Regislered Agent signature requi	trad whan reinstating) DATE		
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	SES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	DELETE	1.1 TITLE	☐ Change	Addition	
NAME	MATALON, ELYAHU		1.2 NAME			
STREET ADDRESS	11111 BISCAYNE BLVD. 456		1.3 STREET ADDRESS			
CITY-ST-ZIP	NORT MIAMI FL		1.4 CITY-ST-ZIP			
TITLE	PD	☐ DELETE	2.1 TITLE	☐ Change	Addition	
NAME	Matalon, esther		2.2 NAME			
STREET ADDRESS	11111 BIŞCAYNE BLVD. 456		2.3 STREET ADDRESS			
CITY-ST-ZIP	NORT MIAMI FL		2. 4 CITY - ST - ZIP		_	
TITLE		DELETE	3.1 TITLE	Change	Addition	
NAME			32 NAME			
STREET ADDRESS			3 3 STREET ADDRESS			
CITY-ST-ZIP			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		DELET E	5 1 TITLE	Change	Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-S1-ZIP			
TITLE		DELETE	6.1 TITLE	☐ Change	Addition	
NAME			6.2 NAME			
STREET ADDRESS	^		6.3 STREET ADDRESS			
OUTLY CY THIS	<i>(</i>)		6.4.0HV 07.20			

14. I hereby certify that the information supplied with indicated on this annual report or supplemental officer or director of the corporation or the received. Block 12 or Block 13 if changed, or on an atta

SIGNATURE: