FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

ANNUAL REPORT Secretary 1996 DIVISION OF CO	y of State ORPORATIONS		
DOCUMENT # V19165			
MTC + COMPANY			
Principal Place of Business Mailing Address		T TRUTTO BE STE ENTAL STEEL NEELL NOTE ONLY ONLY	IAIAI AISIL AIIIR IAIAI IISI IAA
2463 N. STATE RD7 (SA			
-	me)		
LAUDERHILL FL 33313		3. Date incorporated or Qualified 3a. D	ate of Last Report
Principal Place of Business 28. Mailing Address		4. FEI Number	Applied For
1 26 Suite, Apt. #, etc. Suite, Apt. #, etc.		65-0318672	\$8.75 Additional
2 3016, Apr. #, etc.		Certificate of Status Desired	Fee Required
City & State City & State		6. Election Campaign Financing	\$5.00 May Be
3 28		Trust Fund Contribution	Added to Fees
Zip Country Zip 4 25 29	Country 30	8. This corporation has liability for intangible Florida Statutes	tax under s. 199,032,
4 25 29 13 9. Name and Address of Current Registered Agent	30]	10. Name and Address of New Registers	d Agent
	81 Name		
ROBERT CASIMIR	82 Street Add	ress (P.O. Box Number is Not Acceptable)	
2463 N. STATE RD 7			
	83		
LAUDERHILL FL 33313	84 City		85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes,	the show-named corror	ration submits this statement for the number of	handing its registered office
or registered agent, or both, in the State of Florida. Such change was authorized	by the corporation's boa	rd 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 proted name of registered agent and title if applicable (NOTE:	Registered Agent signature require	id when renstating: DATE	
12. OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
PRESIDENT DELETE	1. 1 TITLE		Change Addition
KOBERT CASIMIR	1.2 NAME		
STREET ADDRESS Z463 N ST RD 7 CITY-ST-ZP LAUDER-HILL FL 33313	1.3 STREET ADDRESS	:	
CITY-ST-ZP LAUDERHILL FL 33313	1.4 CITY-ST-ZIP 2.1 TITLE		☐ Change ☐ Addition
NAME MARIETTA GUIDA	2.2 NAME		
STREET ADDRESS 2463 N. ST RD 7	2.3 STREET ADDRESS		
STREET ADDRESS 2463 N. ST RD 73313	2.4 City-St-ZiP		
INTLE OELETE	3 1 TITLE		Change Addition
AME	3.2 NAME		
	3 3. STREET ADDRESS		
CITY-ST-ZIP	3.4 CITY-ST-ZIP		Change C Addition
CITY-ST-ZIP DELETE	4. 1 TITLE		Change Addition
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CITY-ST-ZIP ITTLE DELETE JAME STREET ADDRESS	4. 1 TITLE		Change Addition
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CITY-ST-ZIP INTE INTE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition

10 On Precedy Certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report as required 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:

SIGNATURE:

SIGNATURE

SIGNAT