

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V69187 (5)**
1. Corporation Name
THE BEST M.A.T., INC.



Principal Place of Business: **7131 S.W. 129 AVE. STE. #3 MIAMI FL 33183 US**
Mailing Address: **7131 S.W. 129 AVE. STE. #3 MIAMI FL 33183 US**

3. Date Incorporated or Qualified: **10/05/1992**
3a. Date of Last Report: **10/09/1995**
4. FEI Number: **65-0365122**
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

2. Principal Place of Business: **2972 SW 136 CT.**
2a. Mailing Address: **2972 SW 136 CT.**
22. Suite, Apt. #, etc.:
23. City & State: **MIAMI FL.**
24. Zip: **33175** 25. Country: **USA.**
27. City & State: **MIAMI FL.**
28. Zip: **33175** 30. Country: **USA.**

9. Name and Address of Current Registered Agent
**TORREIRA, MANUEL A
7131 SW 129TH AVE
SUITE 3
MIAMI FL 33183**

10. Name and Address of New Registered Agent
81. Name: **TORREIRA MANUEL A.**
82. Street Address (P.O. Box Number is Not Acceptable): **2972 SW 136 CT.**
83.
84. City: **MIAMI** 85. Zip Code: **33175**

11. Pursuant to the provisions of Section 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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE: *[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	D <input type="checkbox"/> DELETE
NAME	TORREIRA, MANUWL A
STREET ADDRESS	7131 SW 129 AVE SUITE 3
CITY-ST-ZIP	MIAMI FL 33183
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MANUEL A. TORREIRA
1.3 STREET ADDRESS	2972 SW 136 CT.
1.4 CITY-ST-ZIP	MIAMI, FL. 33175
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 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 in Block 13 if added, with an address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DATE: _____ DAYTIME PHONE #: _____

CR2E034 (12/95)