

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 8:48

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 187816 (4)

**1. Corporation Name
REOCO INC**

**Principal Place of Business
5965 SW 8TH ST.
MIAMI FL 33144**

**Mailing Address
5965 SW 8TH ST.
MIAMI FL 33144**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 09/19/1955 3a. Date of Last Report 04/27/1994

4. FBI Number 59-1145210 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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**OESTERLE, RALPH E
5965 SW 8TH STREET
MIAMI FL 33144**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**TITLE SD
NAME STORKERSEN, ROBIN E
STREET ADDRESS 5965 SW 8TH STREET
CITY - ST - ZIP MIAMI FL 33144**

**1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP**

**TITLE D
NAME OESTERLE, CLARA
STREET ADDRESS 18500 CARIBBEAN BLVD.
CITY - ST - ZIP MIAMI FL 33157**

**2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP**

**TITLE PD
NAME OESTERLE, RALPH
STREET ADDRESS 18500 CARIBBEAN BLVD.
CITY - ST - ZIP MIAMI FL 33157**

**3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP**

**TITLE D
NAME COOPER, RONALD C
STREET ADDRESS 5965 SW 8TH STREET
CITY - ST - ZIP MIAMI FL 33144**

**4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP**

**TITLE D
NAME OESTERLE, MICHAEL
STREET ADDRESS 18500 CARIBBEAN BLVD.
CITY - ST - ZIP MIAMI FL 33157**

**5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP**

**TITLE
NAME
STREET ADDRESS
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 changed, or on an attachment with an address.

SIGNATURE:

Ralph E Oesterle
RALPH OESTERLE

APR 27 1995

(264-1776)