

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION
 ANNUAL REPORT
 1996



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

DOCUMENT # 187816 (4)
 1. Corporation Name

REOCO INC



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

3. Date Incorporated or Qualified 09/19/1955 3a. Date of Last Report 05/01/1995

2. Principal Place of Business 2a. Mailing Address

4. FEI Number 59-1145210 Applied For Not Applicable

21. Suite, Apt #, etc. 26. Suite, Apt # etc

5. Certificate of Status Desired \$8.75 Additional Fee Required

22. City & State 27. City & State

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

23. Zip Country 28. Zip Country

8. This corporation has liability for intangible tax under s. 193.032, Florida Statutes Yes No

24. 25. 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. Thereby 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 (applicable)

(If Officer) Registered Agent signature required (check appropriate)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	SD	<input type="checkbox"/> DELETE
NAME	STORKERSEN, ROBIN E	
STREET ADDRESS	5965 SW 8TH STREET	
CITY-ST-ZIP	MIAMI FL 33144	
TITLE	D	<input type="checkbox"/> DELETE
NAME	OESTERLE, CLARA	
STREET ADDRESS	18500 CARIBBEAN BLVD.	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	OESTERLE, RALPH	
STREET ADDRESS	18500 CARIBBEAN BLVD.	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COOPER, RONALD C	
STREET ADDRESS	5965 SW 8TH STREET	
CITY-ST-ZIP	MIAMI FL 33144	
TITLE	D	<input type="checkbox"/> DELETE
NAME	OESTERLE, MICHAEL	
STREET ADDRESS	18500 CARIBBEAN BLVD.	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, Florida Statutes, and that my name appears in Block 2 or Block 13, unchanged, or on an attachment with an address

SIGNATURE: *Ralph E Oesterle*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUN 5 1996 (305) 264-1776
 DATE

CR2E034 (3/96)