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

PROFIT CORPORATION ANNUAL REPORT

1998

23 Zip 24



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L84269

780 NW LE JEUNE RD.

MIAMI FL 33126

(4)

RETA LLANERA OF FLORIDA, INC.

FILED Apr 09 1998 8:00am Secretary of State

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		<u></u>		
Principal Place of Business	Mailing Address	DO NOT WRITE IN THIS SPACE		
780 NW LE JEUNE RD. 8-427 Miami Fl 33126	780 NW LE JEUNE RD. S-427 Miami Fl 33126			
		3. Date Incorporated or Qualified 06/29/1990		
2. Principal Place of Business	2a, Mailing Address	4. FEI Number Applied For		
21	26	65-0200058 Not Applicable		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired S8.75 Additional Fee Regulred		
City & State	City & State	B. Election Campaign Financing \$5.00 May Be Trust Fund Contribution		
Zip Country 24 25	Zip Country 29 30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No No		
g, Name and Address of (Current Registered Agent	10. Name and Address of New Registered Agent		
CDUT ALE IANDONA O	81 Na	ame		

Zip Code 85 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

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SIGNATURE	m ramiliar with, and accept the obligations of						
	Signature, typed or printed name of registered agreet and title	e il applicable (NOTE	Registered Agent signature requir	red when reinstating)	DATE		
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES T	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPST	☐ DELETE	1.1 TITLE	7.7.	Change	Addition	
NAME	TELLO, RAMON EDUARDO		1.2 NAME				
STREET ADDRESS	780 NW LEJEUNE RD #427		1.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33128		1.4 CITY-ST-ZIP				
TITLE		DELETE	2.1 TITLE	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Change	Addition	
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREET ADDRESS				
CITY-ST-ZIP			2. 4 CITY - ST - ZIP				
TITLE		☐ DELETE	3.1 TITLE		Change	Addition	
NAME			3.2 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		DELETE	5.1 TITLE		☐ Change	Addition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY - \$T - ZIP				
TITLE		DELETE	6.1 TITLE		Change	Addition	
NAME			6.2 NAME		·		
STREET ADDRESS	^		9.5 STREET ADDRESS				

14. Thereby certify that the information indicated on this annual roport of officer or director of the corporation Block 12 or Block 13 if changed, of s not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of the and accurate and that my signature shall have the same legal effect as if made under oath; that I am an impowered to execute this report as required by Chapter 697, Florida Statutes; and that my name appears in

SIGNATURE:

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