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Feb 18, 1999 8:00am  
Secretary of State

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DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION  
ANNUAL REPORT  
1999

FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS



DOCUMENT # L84269

1. Corporation Name

RETA LLANERA OF FLORIDA, INC.

Principal Place of Business

780 NW LE JEUNE RD.  
S-427  
MIAMI FL 33126

Mailing Address

780 NW LE JEUNE RD.  
S-427  
MIAMI FL 33126

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

24

25

29 Zip

Country

30

9. Name and Address of Current Registered Agent

CRUZ, ALEJANDRINA G  
780 NW LE JEUNE RD.  
S-427  
MIAMI FL 33126

3. Date Incorporated or Qualified

06/29/1990

4. FEI Number

65-0200058

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 owes the current year Intangible  
Personal Property Tax.

Yes No

10. Name and Address of New Registered Agent

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

OFFICERS AND DIRECTORS

12. TITLE

NAME DPST  
STREET ADDRESS TELLO, RAMON EDUARDO  
CITY-ST-ZIP 780 NW LEJEUNE RD #427  
MIAMI FL 33126

13. TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

14. TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

15. TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

16. TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

17. TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

18. TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

19. TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Change Addition

Change Addition

Change Addition

Change Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

01/27/1999

Date

Daytime Phone #

(305) 4451013

CR2E034 (11/98)

0182157