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FILED

**May 05 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P94000062721 (3)

1. Corporation Name
RESALES, INC.



Principal Place of Business
**12350 SW 132ND COURT
STE #215
MIAMI FL 33186
US**

Mailing Address
**12350 SW 132ND COURT
STE #215
MIAMI FL 33186
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/25/1994

4. FEI Number

65-0515609

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 or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business

21 **13370 SW 131 ST**

Suite, Apt. #, etc.

22 **110**

City & State

23 **MIAMI, FL**

Zip

24 **33186**

Country

25 **USA**

2a. Mailing Address

26 **10930 SW 48 ST**

Suite, Apt. #, etc.

27

City & State

28 **MIAMI, FL**

Zip

29 **33165**

Country

30 **USA**

9. Name and Address of Current Registered Agent

**GONSALVES, DOUGLAS V
13250 SW 132ND CT
STE #215
MIAMI FL 33186**

10. Name and Address of New Registered Agent

81 - Name **DOUGLAS V. GONSALVES**
82 Street Address (P.O. Box Number is Not Acceptable) **10930 SW 48 ST**
83
84 City **MIAMI** FL 85 Zip Code **33165**

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)

4-25-98

DATE

12. OFFICERS AND DIRECTORS

TITLE DELETE

NAME **D GONSALVES, DOUGLAS V**
STREET ADDRESS **12350 SW 132ND CT, #215**
CITY-ST-ZIP **MIAMI FL**

TITLE DELETE

NAME **D BOWERS, ANDREW H**
STREET ADDRESS **12350 SW 132ND CT, #215**
CITY-ST-ZIP **MIAMI FL**

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME **P/D**
1.3 STREET ADDRESS **10930 SW 48 ST**
1.4 CITY-ST-ZIP **MIAMI, FL 33165**

2.1 TITLE Change Addition

2.2 NAME **V/D**
2.3 STREET ADDRESS **13600 SW 73 AVE**
2.4 CITY-ST-ZIP **MIAMI, FL 33158**

3.1 TITLE Change Addition

3.2 NAME **V/D**
3.3 STREET ADDRESS **CHRIS CARPENTER**
3.4 CITY-ST-ZIP **14985 SW 108 TERR MIAMI, FL 33196**

4.1 TITLE Change Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 in an attachment with an address.

SIGNATURE:

D. Gonsalves

4/27/98 (305)271-7180

CR2E034 (10/97)