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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # S99832 1. Corporation Name

REY INVESTIGATIONS, INC.

,									
Principal Place of Business Mailing Address									
10940 SW 114Ti	-	10940 SW 114TH ST							
MIAMI FL 33176 MIAMI FL 33176						DO NOT WRI	TE IN THIS !	SPACE	
US US					3 Dat	te Incorporated or Qualifed	TE IN TINO	A AOL	
					1	/12/1991			
- Dissipation   Di	of Project	2a, Mailing Address		<del></del>		Number		T	pplied For
	ace of Business				1	-0310864			ot Applicable
21		26	<u> </u>			0310004		<del></del>	Additional
Suite, Apt.	#, etc.	<del></del>	Suite, Apt. #, etc.			rtifcate of Status Desired	□ .		lequired
22 -		City 9 State	tu 2 Stata		<del> </del>	- Non- One - Non- Fire - Non-			
City & State .		City & State	<del></del>			ction Campaign Financing			May Be to Fees
23		28	Causta			st Fund Contribution			to rees
Zip	Country	Zip	Country	•		s corporation owes the curr		ngible □Yes	MNo
24	25	29 30			_1	rsonal Property Tax.			<u> </u>
	9. Name and Address of Curr	ent Registered Agent	04	1	10. Na	me and Address of New F	registered A	flaut	
DEV	THE M		81	Name					
REY, LUIS M.			82	Street Addr	ess (P.O.	Box Number is Not Accepta	able)		
	0 SW 114TH ST				-				
MIAN	AI FL 33176		83						
			-	011.				85 Zip	Code
			84	City			FL	65  Zip	Code
agent. I a	m familiar with, and accept the obli	gations of, Section 607.0505, Fiorida gations of, Section 607.0505, Fiorida gent and title if applicable. (NOTE: Regi	Statutes	nt signature required	d when reinsta		DATE		
12.		DELETE	1,1 TITLE	- I	AUD	THONS/CHANGES TO OF	FICENS AND	Change	
TITLE	PD PSV 11110 14	_ DLLLIL							_ (
NAME	REY, LUIS M		1.2 NAME						Ì
STREET ADDRESS	10940 SW 114TH ST		1.3 STREE	TADDRESS					1
CITY-ST-ZIP	MIAMI FL		1.4 CITY-S	T-ZIP		<del></del>		<u> </u>	- Addition
TITLE	DELETE 2.1 T		2.1 TITLE	ļ				Change	Addition
NAME			2.2 NAME	1					ļ
STREET ADDRESS		J	2.3 STREE	T ADDRESS					ļ
CITY-ST-ZIP	` -		2. 4 CITY-	ST-ZIP			-		
TITLE	☐ DELETE 3.11		3.1 TITLE					Change	Addition
NAME			3.2 NAME						ì
STREET ADDRESS			3.3 STREE	T ADORESS					
CITY-ST-ZIP		1	3.4. CITY-5	ST-ZIP					
TITLE			4,1 TITLE					Change	Addition
NAME			4. 2 NAME						<b>`</b>
				TADDRESS					
STREET ADDRESS		J	4.4 CITY-S	l l					ļ
CITY-ST-ZIP			5.1 TITLE	11-219				Change	Addition
TITLE		- Detele	5.2 NAME					90	)
NAME		1		TADDESS					
STREET ADDRESS		i		TADDRESS					ļ
CITY-ST-ZIP			5.4 CITY-S	I-ZIP				[](	
TITLE		☐ DELETË	6.1 TITLE	•				Change	Addition
NAME			6.2 NAME	[					

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90223 005 \*\*\*150.00