

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAR 21 PM 3:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **M09008** (7)

1. Corporation Name  
**REINTER INC.**

Principal Place of Business

4101 NW 9TH ST  
MIAMI FL 33126

Mailing Address

4101 NW 9TH ST  
MIAMI FL 33126

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified  
**12/14/1984**

3a. Date of Last Report  
**02/22/1994**

4. FEI Number  
**65-0227345**

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 has liability for intangible tax under S. 199.032, Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FERRER, SILVIA  
730 WEST 73RD PLACE  
HIALEAH FL 33014

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 date if applicable.

(NOTE: Registered Agent signature required when remaining)

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME                 | STREET ADDRESS                    | CITY-ST-ZIP |
|-------|----------------------|-----------------------------------|-------------|
| PD    | CLEMENTE GOMEZ       | SAN BERNARDO 5<br>MADRID 13 SPAIN |             |
|       | FERRER, SILVIA       | 730 WEST 73 PLACE<br>HIALEAH FL   |             |
| SD    | DIEGO LOPEZ LLORENTE | SAN BERNARDO 5<br>MADRID 13 SPAIN |             |
|       |                      |                                   |             |
|       |                      |                                   |             |
|       |                      |                                   |             |
|       |                      |                                   |             |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1.1 TITLE | 1.2 NAME           | 1.3 STREET ADDRESS | 1.4 CITY-ST-ZIP | Change                              | Addition                 |
|-----------|--------------------|--------------------|-----------------|-------------------------------------|--------------------------|
|           |                    |                    |                 | <input type="checkbox"/>            | <input type="checkbox"/> |
| 2.1 NAME  | 2.2 STREET ADDRESS | 2.3 CITY-ST-ZIP    |                 |                                     |                          |
| 3.1 TITLE | 3.2 NAME           | 3.3 STREET ADDRESS | 3.4 CITY-ST-ZIP | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4.1 TITLE | 4.2 NAME           | 4.3 STREET ADDRESS | 4.4 CITY-ST-ZIP | <input type="checkbox"/>            | <input type="checkbox"/> |
| 5.1 TITLE | 5.2 NAME           | 5.3 STREET ADDRESS | 5.4 CITY-ST-ZIP | <input type="checkbox"/>            | <input type="checkbox"/> |
| 6.1 TITLE | 6.2 NAME           | 6.3 STREET ADDRESS | 6.4 CITY-ST-ZIP | <input type="checkbox"/>            | <input type="checkbox"/> |

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 110.07(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 recorder 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.

SIGNATURE: *X Silvia Ferrer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SILVIA FERRER

43/14/95 (305) 541-1476