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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000066951 (1)

REYMAR DESIGNS INC.

Principal P	lace of Business
44004 O W	AATU TEODACE

Mailing Address

FILED May 08 1997 8:00am Secretary of State



14664 S.W. 44TH TERRACE MIAMI FL 33175		14664 S.W. 44TH TERRA MIAMI FL 33175-6865	14664 S.W. 44TH TERRACE MIAMI FL 33175-6865						
						3. Date Incorporated or Qualified 08/29/1995		e of Last F 1/1996	teport
2. Principal PI	ace of Business	2a. Mailing Address				4. F.I. Number		A	pplied For
21		26				65-0613414		N	ot Applicable
Sulte, Apt.	#, etc.	Suito, Apt. #, etc.				5. Certificate of Status Desired			Additional loquired
City & State) ,	City & State				6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution			to Fees
Zip	Country	Zip	Coun			8. This corporation has liability for intangible tax under s. 199			
			30	,		Florida Statutes 💢 Yes 🗌 No			
	9. Name and Address of Curr	ent Registered Agent				10. Name and Address of New Reg	distered A	gent	
	DRO, REINALDO			81	Name				
14884 S.W. 44TH TERRACE Miami FL 33175			B2 Street Ad		Street Addr	ddress (P.O. Box Number is Not Acceptable)			
ININ	WI 1 E 00170			83		The state of the s			
				84	City		FL	85 Zip	Code
11. Pursuant t	to the provisions of Sections 607.0	502 and 607.1508, Florida State	ules, the ab	Jl ∋vod	named corp	oration submits this statement for the p	urpose of a	L I changing	its registered
office or re	egistered agent, or both, in the Sta m familiar with, and accept the obl	ite of Florida. Such change was	s authorized	d by	the corporat	ion's board of directors. I hereby accep	t the appo	intment as	s registered
SIGNATURE	Signature, typeo or printed name of registered a	proved and fills if providentales (Alf	THE REPORTATION	 d Ann	of signature requis	red when reinstating)	DATE		
12.		ND DIRECTORS	13.	a rigo	i, aightaisic roqui	ADDITIONS/CHANGES TO OFFIC		DIRECTO	RS IN 12
TITLE	D	DELFTE	1,1 71	TLF	I			Change	Addition
NAME	DE ORO, REINALDO		1,2 N/	AME	-				
STREET ADDRESS	14664 S.W. 44TH TERRACE		1.3 ST	TREE 1	ADDRESS				
CITY-ST-ZIP	MIAMI FL 33175		1,4 Cf						1
TITLE	D	DELETE	2111					Change	Addition
NAME	DE ORO, MARIA		2 2 N/	2.2 NAME 2.3 STREET ADDRESS					
STREET ADDRESS	14664 S.W. 44TH TERRACE		2351						
CITY-ST-ZIP	MIAMI FL 33175		2 4 C	HTY-S	ST - Z IP	•			
TITLE		DELETE	31 11	111				Change	Addition
NAME			3 2 N/	AME					
STREET ADDRESS			3 3 ST	THEET	ADDRESS				
CITY-ST-ZIP			3 4. C	HTY-S	ST-ZIP				
TITLE		☐ DELETE	4.1 T)	1LF			1	Change	Addition
NAME			4. 2 N	AME	}				
STREET ADDRESS			4.3 \$1	TREET	ADDRESS				
CITY-ST-ZIP			4.4 CI	11 Y - S	T-ZIP				
TITLE		☐ DELETE	5.1 11	TLF				Change	Addition
NAME			5 2 N	AME					
STREET ADDRESS			5381	IREET	ADDRESS				
CITY-ST-ZIP			540	(1Y-S	1-ZIP				
TITLE		DELETE	6110	TLE			٦	Change	Addition
NAME			6.2 N	ΛME					
STREET ADDRESS			6.3 ST	IREE I	ADDRESS				-
CITY-ST-ZIP					1 - ZIP				
14 I do berel	by certify that the information supp	hed with this filing does not our	alify for the	exe	motion stated	d in Section 119.07(3)(i), Florida Statute	s. I further	certify that	it the

14. I do 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 eath; 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.

Rosin alm a

REMAIN DECK

4-19-9-

305-221-2289