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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

M09008

(7)

REINTER INC.

Principal Place of Business

2. Principal Place of Business

Mailing Address

4101 NW 9TH ST MIAMI FL 33126

Suite, Apt. #, etc.

City & State

21

22

23

4101 NW 9TH ST MIAMI FL 33126

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

28

FILED Jan 27 1998 8:00am Secretary of State



.12

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

DO NOT WRITE IN THIS SPACE

 Date Incorporated or Qualified 12/14/1984

65-0227345

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

4. FEI Number

Zip		Country	Zip		Country		8. This corporation	owes or has paid the cur	rent year Ini	tangible
24	25 29 30)	Personal Property Tax due June 30. 📈 Yes. 🔲 No.					
9. Name and Address of Current Registered Agent							10. Name and Add	ess of New Registered	Agent	
FERRER, SILVIA						Name	-		-	
15529 MIAMI LAKEWAY NORTH, #101						Street	Address (P.O. Box Number	is Not Acceptable)		
MIAMI LAKES FL 33014						0110007	Access (F.O. Dog Namber	io Not modeptable,		l
					83			,	-	
					84	O't-			T1 -	0::-1
						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										
12,	······································							IGES TO OFFICERS AND	DIRECTOR	S IN 12
TITLE	PD			DELETE	1.1 TITLE				Change	Addition
NAME	CLEMENTE GOMEZ				1,2 NAME					1
STREET ADDRESS	SAN BERNAARDO 5				1.3 STREET	ADDRESS				
CITY-ST-ZIP	MADRI	id 13 spain			1.4 CITY-S	r-zip				
TITLE	VD			DELETE	2.1 TITLE				Change	Addition
NAME	FERRE	er, silvia			2.2 NAME					
STREET ADDRESS	ss 15529 MAMI LAKEWAY NORTH, APT 101 23				2.3 STREET	ADDRESS				
CITY-ST-ZIP		LAKES FL			2. 4 CITY - S	T-ZIP		* * <u>.</u>		
TITLE	SD			DELETE	3.1 TITLE				☐ Change	Addition
NAME	Rubio	, maria d			3.2 NAME	-				
STREET ADDRESS	SAN BERNARDO 5				3.3 STREET	ADDRESS				
CITY-ST-ZIP	28013	MADRID SP			3.4. CITY - S	T-ZIP				İ
TITLE				DELETE	4.1 TITLE				☐ Chạnge	Addition
NAME					4. 2 NAME	l				ĺ
STREET ADDRESS					4.3 STREET	ADDRESS				
CITY - ST - ZIP					4.4 CITY - S'	- ZIP				
TITLE				DELETE	5.1 TITLE				Change	Addition
NAME					5.2 NAME					
STREET ADDRESS					5.3 STREET	ADDRESS				
CITY-ST-ZIP					5.4 CITY-ST	- ZIP				
TITLE				DELETE	6.1 TITLE				Change	Addition
NAME					6.2 NAME	Í				
STREET ADDRESS					6.3 STREET	ADDRESS				İ
CITY-ST-ZIP					6.4 CITY-ST					
14. I hereby c	ertify that the	information supplied wit	th this filing does no	t qualify for th	e exempt	on state	d in Section 119.07(3)(i), Flo	rida Statutes. I further ce	rtify that the	information

indicated on this arimual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it 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.

SIGNATURE:

Zasyazure required

1/20/98 (305) 541-1476