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

PROFIT Feb 03 1998 8:00am FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # 560012 REYES DEL MAMEY, INC. Principal Place of Business Mailing Address 19700 SW 192ND STR. 19700 SW 192ND STR. **MIAMI FL 33187 MIAMI FL 33187** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/16/1978 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Not Applicable 59-1964027 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional П 5. Certificate of Status Desired 22 27 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country Zφ 8. This corporation owes or has paid the current year Intangible 24 25 30 Yes Yes 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name REYES, YVETTE B. 19920 SW 192ND STREET 82 Street Address (P.D. Box Number is Not Acceptable) MIAMI FL-33187 RA **B4** 2 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered of Florida. Such changing was authorized by the corporation's board of directory. I herebylect Pursuant to the provision office or registered agen agent. I am familiar with SIGNATURE hen reinstating) OFFICERS AND DIRECTORS 12. (10/97 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE Change PST 1.1 TITLE ☐ Addition NAME Reyes, Robert 1.2 NAME 19700 SW 192ND ST. STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 CITY-S1-ZIP TITLE DELETE 2.1 TITLE Change Addition NAME REYES, ROBERT 2.2 NAME 19700 SW 192ND ST. STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL 2. 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition REYES, EREIDA NAME 3.2 NAME STREET ADDRESS 19700 SW 192ND ST. 3.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4, 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 61 TITLE Change Addition NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 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 on an attachment with an address.

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