

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

CORPORATION
ANNUAL REPORT
1995



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

**APPROVED
AND
FILED**

DOCUMENT # **596272** (5)

1. Corporation Name
WILLIAM REY ENTERPRISES, INC.

95 APR -6 AM 6:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**2946 NE 119RD ST
NORTH MIAMI FL 33161
US**

Mailing Address
**2946 NE 125 RD ST
NORTH MIAMI FL 33161
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/05/1978** 3a. Date of Last Report **02/18/1994**

2. Principal Place of Business
21. **9465 HARDING AVE** 26. **9465 HARDING AVE**

4. FEI Number **59-1905026** Applied For Not Applicable

22. **SURFSIDE FWA** 27. **SURFSIDE FWA**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23. **33154** 28. **SURFSIDE FWA**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24. **33154** 25. **USA** 29. **33154** 30. **U.S.A**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**REY, EVELYN
1080 STILLWATER ST.
MIAMI BCH. FL 33141**

10. Name and Address of New Registered Agent
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 607.0503 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]* **PRESIDENT** *[Signature]* **VP DIRECTOR** DATE **3/31/95**

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	REY, WILLIAM
STREET ADDRESS	1080 STILLWATER DR
CITY ST ZIP	MIAMI BEACH, FL 33141
TITLE	D
NAME	REY, EVELYN
STREET ADDRESS	1080 STILLWATER DR.
CITY ST ZIP	MIAMI BEACH, FL 33141
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY ST ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY ST ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY ST ZIP	

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 119.07(4)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my resignation 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 appointed to administer this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: *[Signature]* **WILLIAM REY**
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

1/19/95 **705 864 6451**