## 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

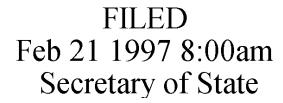
DOCUMENT # 614688

(0)

REINKEN ENGINEERING, INC.

Principal Place of Business

Mailing Address





6841 SW 73 CT MIAMI FL 33143 US	6841 S Miami Us	SW 73 CT FL 33143-2924			
				<ol> <li>Date Incorporated or Qualified</li> <li>03/02/1979</li> </ol>	3a. Date of Last Report 02/19/1996
2. Principal Place of Bu		ailing Address		4. FEI Number	Applied For
21 120625W	1170 # 114 26 10	えりわえらい	117CT	59-1885829	Not Applicable
Surte, Apt. #, etc	Su Su	ite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
22 M AM	27	ty & State			
City & State	28	MIAMI	FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
zij 33186.	Country Zig	33186	Country	8. This corporation has liability for Florida Statutes	ntangible tax under s. 199.032, ] Yes □ No
9, Nar	ne and Address of Current Registere	ed Agent	7	10. Name and Address of New Re	glatered Agent
reinken, st	EPHEN		81 Name		
6841 SW 73 MIAMI FL 33	RD CT		124	Address (P.O. Box Number is Not Acceptable)	le)
			83	<b>≠</b> 114	
			84 City	MAMI	FL 85 Zip Code (3.3186)
11. Pursuant to the pro	visions of Sections 607 0502 and 607	1508, Florida Statut	es, the above-named	corporation submits this statement for the c	
office or registered	agent, or both, in the State of Florida.	Such change was a	authorized by the corp	corporation submits this statement for the poration's board of directors. I hereby acception	ot the appointment as registered
agent i am tamiliar	with, and accept the obligations of, Se	oction 607.0505, Fig	orida Statutes.		
SIGNATURE	ped or printed name of registered agent and five if ap	al apple (NOT	E: Registered Agent signature	negulard when principles	DATE
12.	OFFICERS AND DIRECTO		13,	ADDITIONS/CHANGES TO OFFIC	
TITLE P	OTTIOERS AND DIRECTO	DELETE	1.1 TITLE	ADDITIONS/OFFANGES TO OFFIC	Change Addition
	en, stephen	C OFFER			Shalifo Cilinocatori
40000	SW 117 CT.		1.2 NAME		
141414			1.3 STREET ADDRESS	1	
	<u> </u>	DELETE	1.4 CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	Change Addition
	EN, HOWARD W.	F"] DELETE	2.1 TITLE		Change Li Addition
			2.2 NAME		
	y amazon dr		2.3 STREET ADDRESS	•	
CITY-ST-ZIP EUGEN	IE UK		2. 4 CITY-ST-ZIP	<u></u>	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-S1-ZIP			3.4. CITY - ST - ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY+ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME	•	•
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-SI-ZIP			54 DITY-ST-ZIP		·
TITLE		DELETÉ	6.1 TIFLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
			6.4 CITY - ST - ZIP		
CITY-ST-ZIP			■ 0.7 M(1,0), ML		

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 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 approximation of the corporation or on an attachment with an approximation of the corporation of the corporation or on an attachment with an approximation of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name