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

PROFIT CORPORATION **ANNUAL REPORT**

1997

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 654271

(6)

R. E. J. INVESTMENT CORPORATION

	F	ILEI		
May	14	199'	7	8:00am
Sec	ret	ary (of	State

Principal Plac 8950 BW 106T MIAMI FL 3317		Mailing Address 8950 SW 106TH STREET MIAMI FL 33176-3724					
				3. Date Incorporated or Qualified 02/01/1980	3a. Date of Last Rep 04/16/1996	ort	
2. Principal P	lace of Business	2a. Mailing Address 26		4. FET Number 59-2187250	<u> </u>	lied For Applicable	
Suite, Apt.	#, elc.	Suite, Apt. #, etc.		·····	\$8.75 Ad	~-'· '	
22		27		5. Certificate of Status Desired	Fee Requ		
City & Stat 23	е	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 M Added to		
Zip 24	Country 25	7 ip 29]	Country 30		Yos No	99.032,	
Tro	9. Name and Address of Curr	ent Registered Agent	81 Namo	10. Name and Address of New Re	gistered Agent		
	IT, SANDRA L O S DADELAND BLVD						
830			82 Street Add	dress (P.O. Box Number is Not Acceptab	le)		
MIA	MI FL 33156		83				
			84 Cily		B5 Zip Co	ode .	
11 Pursuant	to the provisions of Sections 607.0	502 and 607 1508. Horida State	utos the above-named co	progration submits this statement for the n	FL but zijn de	rorsistored	
office or r	registered agent, or both, in the Sta im familiar with, and accept the ob-	ate of Florida. Such change was	s authorized by the corpora	rporation submits this statement for the p ation's board of directors. I hereby accep	t the appointment as re	gistered	
SIGNATURE	in remain with the ecopy the co						
· · · · · · · · · · · · · · · · · ·	Signature, typod or profed name of registered	·····	Off Registered Agent's gnature requ		DATE		
TITLE	OFFICERS A	AND DIRECTORS	13. 11 100	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS Change		
NAME	SHAPIRO, JILL B	b,tt it	1.2 NAME		C Guange	NJUNUA	
STREET ADDRESS	8950 S W 106 ST		1.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI, FL 00000		1.4 CHY-SI-ZiP				
TITLE	D	DELETE	21 TITLE		Change	Addition	
NAMÉ	SMITH, LORI K.		2.2 NAME				
STREET ADDRESS	8950 SW 106 STREET		2.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL		2. 4 CHY-ST-ZIP				
TITLE	PD	DELFTE	3.1 TITLE		Change	Addition	
NAME	SHAPIRO, RUTH P		3.2 NAME				
STREET ADDRESS	8950 S.W. 106TH ST.		3.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI, FL 00000		3.4. CITY - S1 - ZIP				
TITLE		☐ DELFTE	4.1 TITLE		Change	Addition	
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP		<u>.</u>	4.4 CITY+ ST- ZIP				
TITLE		☐ DELETÉ	5.1 TITLE		☐ Change	Addition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS	•			
CITY-ST-ZIP			5.4 City - \$1 - ZiP				
TITLE		DELFTE	6.1 TALE		Change	Addition	
NAME			6.2 NAME				
CTREST ADDRESS			conduit rather co				

6.4 CITY - ST - ZIF 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 address.