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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENTO STATE Sandra B Morth

Secretary of State
DIVISION OF CORPO (VIIONS

1996

DOCUMENT # 1. Corporation Name

663232

(7)

REINALDO TAMAYO INC.

Principal Place of Business	Maili
6980 N.W. 53RD TER.	69



	of Business	Mailing Address			A IMMICA MISSA MINE JILIM 11400 (111)		
6990 N.W. 53RD TER. Miami FL 33166		6960 N.W. 53RD TER. MIAMI FL 33166					
			•		3. Date Incorporated or Qualified	3a. Date of L	•
2 Principal Dia	ice of Business	0- 14-E A			12/20/1979	04/1	1/1995
2. minicipai ma 1	ice of business	2a. Mailing Address			4. FEI Number		Applied For
Suite, Apt. #	etc.	Suite, Apt. #, etc.			59-1955521		Not Applicable
2		27			5. Certificate of Status Desired	1 1	8.75 Additional Fee Required
Orty & State		City & State			6. Election Campaign Financing	1 1	5.00 May Be
Zip	Country	28	Countr	у	Trust Fund Contribution 8. This corporation has liability for		Added to Fees der s. 199 032
25		29	·········		Florida Statutes Yes No		
	9. Name and Address of Curre	ent Registered Agent		· · · · · · · · · · · · · · · · · · ·	10. Name and Address of New R	Registered Ager	ıt
			81	Name			
), reinaldo W. 53RD Ter.		82	Street Add	iress (P.O. Box Number is Not Acceptab	ole)	
MIAMI F			83	1	-	- <u>-</u>	
			84	City		FL 85	Zip Code
familiär with SiGNATURE	n, and accept the obligations of, Sec	ction 607,0505, Florida Statute:	\$.		and of directors. Thereby accept the appoint	Ciritinent as regis	tere o agera. Fam
	Standard transfer minter transport and transfer of a	of and his of analysis is	A.T. F. C. T. C. T.			.	
	Signature, typed or printed name of registered age: OFFICERS AN		OTE: Registered Age	ent signature require		DATE	CTODE IN 10
12.		ND DIRECTORS	13.	nt signature require	ed when reinstating: ADDITIONS/CHIANGES TO OFFI	ICERS AND DIRE	
12.	OFFICERS AN		13. 1.1 TITLE				
2. IT.E AME	P TAMAYO, REINALDO	ND DIRECTORS	13. 1.1 TITLE 1.2 NAME			ICERS AND DIRE	
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for gitter and the same legal effect as if made under the control of the same legal effect as if made under the control of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name if changes, or on an altachment with an address. oath; that I am an officer or direct appears in Block 12 or Book 13

SIGNATURE:

OR DIRECTOR