Amended

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

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 19, 1999 8:00 am
Secretary of State
03-19-1999 90010 031 ****61.25

DOCUMENT # 663232

1. Corporation Name

REINALDO TAMAYO INC.

[redacted]

Principal Place of Business	Mailing Address
15800 NW 13 AVE MIAMI FL 33169	3650 SW 139 PLACE MIAMI FL 33175

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12-20-1979

2. Principal Place of Business
21 7700 NW 81 PLACE
Suite, Apt. #, etc.
22 1
City & State
23 MIAMI FL
Zip 24 33166 Country 25 USA

2a. Mailing Address
26 7700 NW 81 PLACE
Suite, Apt. #, etc.
27 1
City & State
28 MIAMI FL
Zip 29 33166 Country 30 USA

4. FEI Number: 59-1955521 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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

8. This corporation owes the current year Intangible Personal Property Tax ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

TAMAYO, REINALDO
3650 SW 139 PLACE
MIAMI FL 33175

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 607.0502 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P TAMAYO, REINALDO 3650 SW 139 PLACE MIAMI FL 33175	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	DPT TAMAYO, REINALDO 3650 SW 130 PLACE MIAMI FL 33175	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S TAMAYO, ADELFINA A. 3650 SW 139 PLACE MIAMI FL 33175	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VS TAMAYO, ADELFINA A. 3650 SW 139 PLACE MIAMI FL 33175	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VM TAMAYO, ENRIQUE 3650 SW 139 PLACE MIAMI FL 33175	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	D GEENEN, HENK H 7700 NW 81 PLACE STE 1 MIAMI FL 33166	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	D VAN VLIET, ROBERT 7700 NW 81 PLACE STE 1 MIAMI FL 33166	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE: [signature] Reinaldo Tamayo 01-27-99 (305) 599-8866
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #