FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED AND FILED
95 APR 21 AM 8:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

DOCUMENT # 842703 (1)

1. Corporation Name
REINSA, INC.

Principal Place of Business
1555 NE 164TH ST.
NORTH MIAMI BEACH FL 33162

Mailing Address
C/O L. BLEJER
P O BOX 601135
NORTH MIAMI BEACH FL 33160-1135

3a. Date Incorporated or Qualified: 02/20/1979
3b. Date of Last Report: 05/01/1994

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

4. FEI Number: 59-1949943 — 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 has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BLEJER, LOUIS
1555 NE 164TH ST
NORTH MIAMI BEACH FL 33162

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	1.1 TITLE		☐ Change ☐ Addition
NAME	BLEJER, LOUIS	1.2 NAME		
STREET ADDRESS	3530 MYSTIC POINTE DR	1.3 STREET ADDRESS		
CITY - ST - ZIP	AVENTURA FL	1.4 CITY - ST - ZIP		
TITLE	SD	2.1 TITLE		☐ Change ☐ Addition
NAME	MEDINA, JOEL	2.2 NAME		
STREET ADDRESS	CALLE AQUILINO DE LA GUA	2.3 STREET ADDRESS		
CITY - ST - ZIP	PANAMA REP DE PANAM00000	2.4 CITY - ST - ZIP		
TITLE	PD	3.1 TITLE		☐ Change ☐ Addition
NAME	DE PAREDES, ROGELIO G	3.2 NAME		
STREET ADDRESS	CALLE AQUILINO DE LA GUA	3.3 STREET ADDRESS		
CITY - ST - ZIP	PANAMA REP DE PANAM00000	3.4 CITY - ST - ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY - ST - ZIP		4.4 CITY - ST - ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY - ST - ZIP		5.4 CITY - ST - ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY - ST - ZIP		6.4 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(3)(k), 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.

SIGNATURE: Louis Blejer — Louis BLEJER T/D — 4/17/95 — (305) 945-3681
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FP