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

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Apr 07 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F17661

(2)

REICA INVESTMENTS CORP.

Principal Prace of Business Mailing Address ** GUMERSINDO DIAZ 5647 SW 1ST STREET MIAMI FL 33134 MIAMI FL 33134-1015													
									 Date Incorporated or Qualified 02/02/1981 	3a. [05	Date of Last Re 5/01/1996	eport	
2. Principal Pi	lace of Busi	ness	2a, Mailing 26	2a, Mailing Address 26					4. FEI Number 59-2064434			plied For of Applicable	
Suite, Apt.	#, etc.		Suite, /	Suite, Apt. #, etc.					5. Certificate of Status Desired		\$8.75 A Fee Re		
City & State 23	e 		City & 28	· · · · · · · · · · · · · · · · · · ·					Election Campaign Financing Trust Fund Contribution		\$5.00 Added t		
Ζιρ 24	Country 25		Zip 29	29 30		Country		,	This corporation has liability for intangible tax under s. 199.032, Florida Statutes				
		and Address of Curre	ent Registered A	gent		_			10. Name and Address of New !	tegisterec	J Agent		
DIAZ	Z, GUMERS	SINDO				81	Name						
	7 SW 1ST Mi FL 3313				L			Addres	ss (P.O. Box Number is Not Accept	able)			
						83							
						84	City	-		FI	85 Zip (Code	
office or re agent. Lac SIGNATHER	egistered ag m familiar w	sions of Soctions 607.05 gont, or both, in the Stal ith, and accept the obli corproved hank of registered a	te of Florida. Such gations of, Sectio	n change was in 607.0505, F	authoriz€ lorida Sta	d by	the corp	ooratio	ration submits this statement for the n's board of directors. I hereby acc	purpose cept the ap	of changing its appointment as	s registered registered	
12.	Signature types	ND DIRECTORS	ole (NOTE: Registered Agent signature req			s it signature	required	ADDITIONS/CHANGES TO OFF		ID DIDECTOR	(C IN 12		
TIBLE	DP	OFFICEROA	IND DINECTORS	DELETE	117	ITI E			ADDITIONS/OFFAINGES TO OFF	ICENS AI	Change	Addition	
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STREET ADDRESS		IST STREET			4		ADDOLOG						
	MIAMI, F						ADDRESS						
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NAME	!		•*		2.2 N		********						
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NAME				_		NAME							
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NAME						IAME					***************************************		
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				_ >							- Sumido		
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SINCO AUUNTAA I	ı				■ 033	uncel	ונטוועעה						

64 CITY-ST-ZIP

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.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO