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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Feb 19, 1999 8:00 am Secretary of State

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DOCUMENT # F17661

REICA INVESTMENTS CORP.

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Principal Place of Business Mailing Address					· · · · · · · · · · · · · · · · · · ·			eren ardii 1881
% GUMERSIND		% GUMERSINDO DIAZ						
5647 SW 1ST STREET MIAMI FL 33134		3647 SW 1ST STREET MIAMI FL 33134	5647 SW 1ST STREET			TE IN THIS	SPACE	
MIAMI FL 33134					3. Date Incorporated or Qualifed			
					02/02/1981			
Principal P	Place of Business	2a. Mailing Address			4. FEI Number		· A	oplied For
1		26			59-2064434		_ 	ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certifcate of Status Desired		\$8.75	Additional
2		27			5. Certificate of Status Desired		Fee R	equired
-City & State		City & State		6. Election Campaign Financing \$5.00 May Be				
3		28			Trust Fund Contribution			to Fees
Zip ─¬	Country	Zîp		untry	8. This corporation owes the curre	ent year Inta		
4	25	29	30		Personal Property Tax.		Yes	□No
	9. Name and Address of Cu	rrent Registered Agent		04 1	10. Name and Address of New R	tegistered /	Agent	
לאות	CHIMEDOINDO	•		81 Name				
DIAZ, GUMERSINDO 5647 SW 1ST STREET				82 Street Add	ess (P.O. Box Number is Not Acceptable)			
	MI FL 33134					-	-	
MIMI	WI FL 33134			83				
				84 City			85 Zip	Code
				'		FL		
	to the provisions of Sections 607.	0502 and 607.1508, Florida St	atutes, the a	bove-named cor	poration submits this statement for the pion's board of directors. I hereby accept	purpose of o	changing its ntment as re	registered gistered
omice or ri agent. I a	m familiar with, and accept the ob	ate of Florida. Such change wa ligations of, Section 607.0505,	Florida Stat	by the corporat	ion's board of directors. Thereby accep-	t tito appoi		
office or re agent. I al SIGNATURE	m familiar with, and accept the ob	digations of, Section 607.0505,	Florida Stat	d by the corporat utes.				
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officer or director of the corporation or the receiver or trustee empowered 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.

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ED NAME OF SIGNING OFFICER OR DIRECTOR