


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

FILED
Apr 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F47927 (1)

1. Corporation Name
AGUSTIN REYES, INC.

Principal Place of Business 2307 W 77 ST. HIALEAH FL 33016	Mailing Address 2307 W 77 ST. HIALEAH FL 33016
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DO NOT WRITE IN THIS SPACE

21 2. Principal Place of Business	26 2a. Mailing Address
Suite, Apt. #, etc	Suite, Apt. #, etc.
22 City & State	27 City & State
Zip	Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 10/01/1981	
4. FEI Number 59-2127447	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

REYES, AGUSTIN W., III
1418 NE 104 ST
MIAMI SHORES FL 33138

10. Name and Address of New Registered Agent

81 Name	REYES, AGUSTIN W. III
82 Street Address (P.O. Box Number is Not Acceptable)	1481 N.E. 104 STREET
83	
84 City	MIAMI SHORES FL
85 Zip Code	33138

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PSD	<input type="checkbox"/> DELETE
NAME	REYES, AGUSTIN W, III	
STREET ADDRESS	1418 NE 104 ST.	
CITY-ST-ZIP	MIAMI SHORES FL	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	REYES, ANA REYES	
STREET ADDRESS	2333 BRICKELL AVE.-APT.NO.706	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	REYES, ANA MARIA	
1.3 STREET ADDRESS	2333 BRICKELL AVENUE-NO. 706	
1.4 CITY-ST-ZIP	MIAMI, FL 33129	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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.

SIGNATURE:  **AGUSTIN W. REYES III 4-18-98 (305) 558-8870**

CFR2E034 (10/97)