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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

G30116

(9)

REEN-AVA, INC.

NEER NAV. 1110-									1		
Principal Pla	ce of Busine	SS	Mailing	Address					-		
			•	·							
10155 COLLINS AVE PO BOX 2326 #601 HALLANDALE FL 33008											
BAL HARBOUR FL 33154 US									DO NOT WRITE IN THE	S SPACE	
US									3. Date Incorporated or Qualified		
A Diam'r all	DI1 D			 					03/23/1983		<u>-</u>
2. Principal I	Mace of Busi	iness	<u></u> ⊢γ	2a. Mailing Address					4. FEI Number	\rightarrow	Applied For
Suite, Apt	# elc	<u> </u>		Suite, Apt. #, etc.				·-· · -	59-2276192		Not Applicable
22	. w, Olo.		├	27					5. Certificate of Status Desired		Additional Required
City & Sta	ite	<u> </u>		City & State					• Florie Commission Figure 1		<u>'</u>
23			—¬ ´	28					6. Election Campaign Financing Trust Fund Contribution		0 May Be d to Fees
Ziρ		Country		Zip Coun					8. This corporation owes or has paid the o		
24		25 29 30			—	,			Personal Property Tax due June 30.	Yes	Intangible ☐ No
	g, Name	and Address of Curre							10. Name and Address of New Registere		
E	BOUSKELA,	TANIA				81	Name				
	10155 COLI					82	Ctroot	A al al	on (D.O. Do. M. orbonia National Alan		
	#601						Street	Adares	ss (P.O. Box Number is Not Acceptable)		
-	•	OUR FL 33154									
_							01				
						84	City		F	85 Zij	p Code
11. Pursuant	to the provis	sions of Sections 607.05	02 and 607.15	08, Florida Statut	es, the a	DOV	e-named	corpor	ration submits this statement for the purpose n's board of directors. I hereby accept the ap-	of changing	its registered
office of agent. I a	regi ste red aç am la miliar w	gent, or both, in the Stat rith, and accept the obli	te of Florida. Su dations of Sec	Joh change was a tion 607 0505. Ele	authorize orida Stat	d by tutes	the corp	poration	n's board of directors. I hereby accept the ap	opointment a	as registered
SIGNATURE							-				
- ORGINATORE	Signature types	d or printed name of registered a	gent and title if appli	cable (NOT	E Registere	d Age	nt signature	requied	when reinstaling) DATE	-	
12.	T	OFFICERS A	ND DIRECTOR		13.				ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTO	ORS IN 12
TITLE	DPST			☐ DELETE	1.1 10	1LE				☐ Change	I Addition
NAME		KELA, TANIA			1.2 N/	AME					
STREET ADDRESS		OX 2326 N/A			1.3 S1	REET	ADDRESS				
CITY-ST-ZIP	HALLA	ANDALE FL 33008			1.4 01	TY-S	T-ZIP			· ·· · · · · · · · · · · · · · · · · ·	
TITLE				DEFELE	2.1 TI	ILE	l			Change	Addition
NAME					2.2 N	AME					
STREET ADDRESS					2 3 ST	REET	ADDRESS				ŀ
CITY-ST-ZIP	-			T profess	2 4 C		31 - ZIP				
TITLE				DELETE	3 1 TI					Change	Addition
NAME	1				3 2 NA						
STREET ADDRESS							ADDRESS				
CITY-ST-ZIP	<u> </u>			Doubte	3.4. C		1 - ZIP				
TITLE				☐ DELETE	4.1 111					Change	Addition
NAME					4. 2 N		ľ				
STREET ADDRESS							ADDRESS				
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STREET ADDRESS							ADDRESS				Ī
CITY+ST-ZIP TITLE	 			DELETE	5.4 CF		I - ZIP	•		T 05	Address .
				☐ precept	6.1 111					Change	Addition
NAME					6.2 NA						
STREET ADDRESS							ADDRESS				
CITY - ST - ZIP	ı				6.4 CD	IV-ST	1.7IP				

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 angual per

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FILED

Jan 20 1998 8:00am

Secretary of State