FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **FILED PROFIT** FLORIDA DEPARTMENT OF STATE May 01 1998 8:00am **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # G57697 (6)REPTILIA, INC. Principal Place of Business Mailing Address 2643 NW 20 ST 2643 NW 20 ST MIAMI FL 33142 MIAMI FL 33142 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/31/1983 4. FEI Number 2. Principal Place of Business Applied For 59-2327616 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees This corporation owes or has paid the current year Intangible 25 Personal Property Tax due June 30. Yes Name and Address of Current Registered Agen Name and Address of New Registered Agent PREISS, KURT 2643 NW 20TH STREET 82 **MIAMI FL 33142** 83 11. Pursuant to the provisions of Sections of office or registered agent, or both, in 19 7.05:02 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered state of Elorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered obligations of, Section 607.0563, Florida Statutes. (NOTE: Registered Agent signatu SIGNAT OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE PREISS. KURT 1.2 NAME NAME 2643 NW 20 ST STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33142** 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Addition TITLE 2.1 TITLE NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY - ST - ZIP CITY-ST-ZIP DELETE 3.1 TITLE Change Addition TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4111116 NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 44 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS

14. Thereby 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 report 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 an annual report with an address.

5.4 CITY - ST - ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

CIGNATIFRE.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

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DELETE

120 lar (201)278-1881

Change

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