

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H11061

1. Corporation Name

CABRERA & REGO ENTERPRISES, INC.

Principal Place of Business

338 TALL PINES RD
WEST PALM BEACH FL 33413
US

Mailing Address

338 TALL PINES RD
WEST PALM BEACH FL 33413
US

FILED

99 DEC -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 1999
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

3. Date Incorporated or Qualified

07/05/1984

4. FEI Number

59-2439592

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property.

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

METTLER, PETER W E
140 ROYAL PALM WAY
STE 202
PALM BEACH FL 33480

10. Name and Address of New Registered Agent

81 Name

ROBERTO REGO JR

82 Street Address (P.O. Box Number is Not Acceptable)

338 TALL PINES RD

83

84 City

WEST PALM BEACH

FL

85 Zip Code

33413

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

11/19/99

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

XXXX DPTS REGO, ROBERT JR. 338 TALL PINES RD W PALM BEACH FL

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

XXXX D CABRERA, JOSE L. 338 TALL PINES RD W PALM BEACH FL

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

XXXX D REGO, ROBERT 338 TALL PINES RD W PALM BEACH FL

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TITLE NAME STREET ADDRESS CITY-STATE-ZIP

XXXX D REGO, ROBERT 338 TALL PINES RD W PALM BEACH FL

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

500003071485--6

-12/15/99--01081--002

***750.00 ***750.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT REGO, Pres.

10/25/99

561-614-9222

Date

Daytime Phone #

CR2E034 (5/99)