

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Doretha B. Melham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **H30881** (7)

1. Corporation Name
REKERLE INVESTMENTS, INC.



Principal Place of Business: **% HAROLD CHOPP, 200 SO. BISCAYNE BLVD. STE. 4950, MIAMI FL 33137-3216**
Mailing Address: **% HAROLD CHOPP, 200 SO. BISCAYNE BLVD. STE. 4950, MIAMI FL 33137-3216**

2. Principal Place of Business: 21 State, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country.
2a. Mailing Address: 26 State, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country.

3. Date Incorporated or Qualified: **11/15/1984**
3a. Date of last Report: **04/19/1995**
4. FEI Number: **59-2472760**
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

**CHOPP, HAROLD
200 S BISCAYNE BLVD
SUITE 4950
MIAMI FL 33131**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code **FL**

11. Pursuant to the provisions of Sections 607.04(2) and 607.15(1), 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. Thereby, accept the appointment as registered agent. I am familiar with, and accept the obligations of, Sections 607, 608, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

1. TITLE	PD	[] DELETE
2. NAME	REYLER, DORA D.	
3. STREET ADDRESS	4950 200 S BISCAYNE BLVD	
4. CITY-STATE-ZIP	MIAMI FL	
5. TITLE	SD	[] DELETE
6. NAME	REYLER, DORA D.	
7. STREET ADDRESS	4950 200 S BISCAYNE BLVD	
8. CITY-STATE-ZIP	MIAMI FL	
9. TITLE	VPD	[] DELETE
10. NAME	KERBEL, FANNY A.	
11. STREET ADDRESS	4950 200 S BISCAYNE BLVD	
12. CITY-STATE-ZIP	MIAMI FL	
13. TITLE	TD	[] DELETE
14. NAME	LICHTER, MAYRA, R	
15. STREET ADDRESS	4950 200 S BISCAYNE BLVD	
16. CITY-STATE-ZIP	MIAMI FL	
17. TITLE		[] DELETE
18. NAME		
19. STREET ADDRESS		
20. CITY-STATE-ZIP		
21. TITLE		[] DELETE
22. NAME		
23. STREET ADDRESS		
24. CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	[] Change [] Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	[] Change [] Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	[] Change [] Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	[] Change [] Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	
17. TITLE	[] Change [] Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption under Section 119.07(3)(a) Florida Statutes. I further certify that the information included on this annual report is supplemental to and does not replace the annual report as required by law, and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the shareholder or partner in the corporation as reported by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if change of, or of a statement with, a officer.

SIGNATURE: *Dora D Reyler* PERS. DESK
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/96 305-371-2212

CR2E034 (12/95)