FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **J42567** **(4)**

1. Corporation Name
REIKEZ, INC.

Principal Place of Business	Mailing Address
801 BRICKELL AVE STE 1401 MIAMI FL 33131 US	801 BRICKELL AVE STE 14-1 MIAMI FL 33131 US

2. Principal Place of Business 21 800 Brickell Avenue	2a. Mailing Address 26 800 Brickell Avenue
Suite, Apt. #, etc. 22 Suite 1100	Suite, Apt. #, etc. 27 Suite 1100
City & State 23 Miami, Florida	City & State 28 Miami, Florida
Zip 24 33131 County 25 USA	Zip 29 33131 County 30 USA

3. Date Incorporated or Qualified 11/17/1986	3a. Date of Last Report 05/16/1995
4. FEI Number 65-0118781	☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

BLOOM, KENNETH M.
801 BRICKELL AVE
STE 1401
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable) 800 BRICKELL AVE

83 STE 1100

84 City FL 85 Zip Code

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 _____ DATE
Signature, typed or printed name of person signing, and title or capacity, if any (Each Registered Agent signature required when changing)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BLOOM, KENNETH M		1.2 NAME	
STREET ADDRESS	800 BRICKELL AVE, STE ~~1400~~ 1100		1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	
TITLE	AS	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BLOOM, KENNETH M.		2.2 NAME	
STREET ADDRESS	800 BRICKELL AVENUE, STE ~~1401~~ 1100		2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	
TITLE	PD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	TAUREL, LEON		3.2 NAME	
STREET ADDRESS	118 E 60TH AT, APT 21D		3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY		3.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	TAUREL, DAVID		4.2 NAME	
STREET ADDRESS	118 E 60TH ST, APT 21D		4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Kenneth M. Bloom 5/16/96 305-371-6800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #