

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # K01400

1. Corporation Name  
REI AMERICA, INC.

Principal Place of Business  
% FRANCISCO CASTRO  
6355 NW 36 ST.  
MIAMI FL 33166

Mailing Address  
% FRANCISCO CASTRO  
6355 NW 36 ST.  
MIAMI FL 33166

FILED  
Mar 05, 1999 8:00 am  
Secretary of State

03-05-1999 90010 037 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/06/1987

4. FEI Number

65-0021552

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 Tax.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CASTRO, FRANCISCO  
6355 NW 36 ST.  
MIAMI FL 33166

10. Name and Address of New Registered Agent

81. Name

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

83.

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP  
NAME CASTRO, FRANCISCO  
STREET ADDRESS 6355 NW 36 ST.  
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE DVPT  
NAME CASTRO, FRANCISCO J  
STREET ADDRESS 6355 NW 36 STREET  
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE DV  
NAME GONZALEZ, CARLOS E  
STREET ADDRESS 2600 DOUGLAS RD # 406  
CITY-ST-ZIP CORAL GABLES FL

☐ DELETE

TITLE ~~DV~~  
NAME ~~BLANCO, MANUEL~~  
STREET ADDRESS ~~2600 DOUGLAS RD #406~~  
CITY-ST-ZIP ~~CORAL GABLES FL~~

☒ DELETE

TITLE S  
NAME FERNANDEZ, SERGIO L  
STREET ADDRESS 2600 DOUGLAS RD #406  
CITY-ST-ZIP CORAL GABLES FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/99 (305) 461-9941

CR2E034 (11/98)