

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**APPROVED
AND
FILED**

95 JUL -6 AM 8:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # K65415 (7)
1. Corporation Name
REYTO, CORP.

Principal Place of Business: **6440 SW 4TH ST MIAMI FL 33144**
Mailing Address: **6440 SW 4TH ST MIAMI FL 33144**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/14/1989		3a. Date of Last Report 10/05/1994	
4. FEI Number 65-0186763		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Tax fee (corporation) <input type="checkbox"/>		\$5.00 May Be Added to Fees	
7. This corporation has liability for Florida tax under s. 190.002, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
21. Principal Place of Business	22. Mailing Address	23. State, Apt. #, etc.	24. City & State
25. State, Apt. #, etc.	26. City & State	27. Zip	28. Country
29. Zip	30. Country	31. Zip	32. Country

9. Name and Address of Current Registered Agent FANDINO, JESUS 6440 SW 4TH ST MIAMI FL 33144		10. Name and Address of New Registered Agent	
81. Name		82. Street Address (P.O. Box Number is Not Acceptable)	
83. City		84. State	
85. Zip Code		86. Country	

11. Pursuant to the provisions of Sections 607.0802 and 607.1506, 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 607.0805, Florida Statutes.

SIGNATURE: *[Signature]* DATE: _____

12. OFFICERS AND DIRECTORS		13. OFFICERS AND DIRECTORS	
TITLE	D	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FANDINO, YILAM	12. NAME	
STREET ADDRESS	6440 SW 4TH ST	13. STREET ADDRESS	
CITY & STATE	MIAMI FL	14. CITY & STATE	
TITLE	D	15. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FANDINO, JESUS	16. NAME	
STREET ADDRESS	6440 SW 4TH ST	17. STREET ADDRESS	
CITY & STATE	MIAMI FL	18. CITY & STATE	
TITLE	D	19. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FANDINO, REYNALDO	20. NAME	
STREET ADDRESS	6440 SW 4TH ST	21. STREET ADDRESS	
CITY & STATE	MIAMI FL	22. CITY & STATE	
TITLE		23. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		24. NAME	
STREET ADDRESS		25. STREET ADDRESS	
CITY & STATE		26. CITY & STATE	
TITLE		27. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		28. NAME	
STREET ADDRESS		29. STREET ADDRESS	
CITY & STATE		30. CITY & STATE	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not comply for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information included 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

6-70-95
305-262-8947
Tallahassee, Florida

CR2E034 (3-95)