

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 # **L18370** (1)

1. Corporation Name

**REEL WIFE CORPORATION**



Principal Place of Business

**6073 N.W. 167TH STREET  
SUITE C-5  
MIAMI FL 33015  
US**

Mailing Address

**6073 N.W. 167 STREET #C-5  
MIAMI FL 33015-4314  
US**

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

29 Zip

Country

24

25

28

30

9. Name and Address of Current Registered Agent

**SANDBERG, NEAL L ATTORNEY  
2650 BISCAYNE BLVD 2ND FLOOR  
MIAMI FL 33137**

81 Name

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

83

84 City

**FL**

85 Zip Code

3. Date Incorporated or Qualified  
**09/22/1989**

3a. Date of Last Report  
**04/13/1995**

4. FEI Number

**65-0150356**

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

10. Name and Address of New Registered Agent

SIGNATURE

Signature, typed or printed name of registered agent, if a firm, name and address

Signature, typed or printed name of registered agent, if a firm, name and address

DATE

12. OFFICERS AND DIRECTORS

TITLE

**DP**

☐ DELETE

NAME

**MOSS, DAVID M.**

STREET ADDRESS

**9 INDIAN CREEK ISLAND  
MIAMI BEACH FL**

CITY - ST - ZIP

TITLE

**ST**

☐ DELETE

NAME

**MONTELONGO, SYLVIA  
9 INDIAN CREEK ISLAND  
MIAMI BEACH FL**

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☒ Addition

11 TITLE

12 NAME

13 STREET ADDRESS

**33154**

14 CITY - ST - ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

**33154**

24 CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**David M. Moss**

**2/1/96**

**(305) 825-4500**

**President**

DATE

Daytime Phone #

CR2E034 (12/95)