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**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # L31327

1. Corporation Name

REGOR INVESTMENTS, INC.

|   |   |   |                         |  | {  |           | HAN <b>dha</b> na dagan adda |
|---|---|---|-------------------------|--|--|-----------|------------------------------|
| Principal Place of Business Mailing Address 13400 SW 72 AVE 13400 SW 72 AVE |   |   |                         |  |  |           |                              |
|   |   |   |                         |  |  |           |                              |
| MIAMI FL 33156 MIAMI FL 33156   |   | MIAMI FL 33156<br>US                                      |                         |  | DO NOT WRITE IN THIS SPACE                                 |           |                              |
| US  |   | US  |                         |  | Date Incorporated or Qualifed                              |           |                              |
|   |   |   |                         |  | 11/20/1989   |           |                              |
| 2. Principal P  | Place of Business   | 2a. Mailing Address                                       |                         |  | 4. FEI Number  |           | Applied For                  |
| 21  |   | 26  |                         |  | 65-0153942   |           | Not Applicable               |
| Suite, Apt. #, etc. Suite, Apt. #, etc. 27                                  |   |   |                         | 5. Certificate of Status Desired S S8.75 Additional Fee Required |  |           |                              |
| City & Stat   | te  | City & State  |                         |  | 6. Election Campaign Financing Trust Fund Contribution     |           | May Be<br>d to Fees          |
| Zip   | Country   | Zip   | Country                 | i.   | 8. This corporation owes the current year Inta             | ngible    |                              |
| 24 25 29  |   | 29 30   | 30                      |  | Personal Property Tax.   ☐ Yes ☐ No                        |           |                              |
|   | 9. Name and Address of Cur  |   | <u>, I</u>              |  | 10. Name and Address of New Registered                     | Agent     |                              |
|   |   |   | 81                      | Name   |  |           |                              |
|   | or, Henrique  |   | 00                      | Ctroop Calab   | (D.O. Bay Number is Not Assentable)                        |           |                              |
| 13400 SW 72 AVE<br>MIAMI FL 33156   |   |   | 82                      | Street Addi  | ress (P.O. Box Number is Not Acceptable)                   |           |                              |
|   |   |   | 83                      |  |  |           |                              |
|   | ·   |   |                         |  |  | 65 7      | p Code                       |
|   |   |   | 84                      | City   | FL   | 85 Z      | p Code                       |
| SIGNATURE   | Signature, typed or printed name of registered  | agent and title if applicable. (NOTE: Ro<br>AND DIRECTORS | egistered Ager          | nt signature require   | ad when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN |           |                              |
| TITLE   | V DELETE  |   | 1.1 TITLE               |  | <del></del>  | Chang     | e Addition                   |
| NAME  | CHOR, PAULO   |   | 1.2 NAME                |  |  |           |                              |
| STREET ADDRESS  | 13500 SW 72 AVE   |   | 1.3 STREE               | T ADDRESS  |  |           |                              |
| CITY-ST-ZIP   | MIAMI FL  |   | 1.4 CITY-S              | T-ZIP  |  |           |                              |
| TITLE   | PS  | DELETE  | 2.1 TITLE               |  |  | Chang     | e [] Addition                |
| NAME  | CHOR, HENRIQUE  | NRIQUE 221  |                         |  |  |           |                              |
| STREET ADDRESS  | ss 13400 SW 72 AVE  |   | 2.3 STREE               | TADDRESS   |  |           |                              |
| CITY-ST-ZIP   | MIAMI FL  |   | 2.4 CITY-5              | ST-ZIP   |  |           |                              |
| TITLE   | T ACUEDANA CUICA DOTA   | ☐ DELETE  | 3.1 TITLE               |  |  | Chang     | ge                           |
| NAME  | ACHERMAN-CHOR, DORA   |   | 3.2 NAME                |  |  |           |                              |
| STREET ADDRESS  | I am and a second |   | 3.3 STREET ADDRESS      |  |  |           |                              |
| CITY-ST-ZIP   | MIAMI FL  | DEL FT  | 3.4. CITY-S             | ST-ZIP   |  | [ ] Chang | e Addition                   |
| TITLE   | }   | ☐ DELETÉ  | 4.1 TITLE               |  |  |           |                              |
| NAME  |   |   | 4. 2 NAME               |  |  |           |                              |
| STREET ADDRESS  |   |   |                         | T ADDRESS  |  |           |                              |
| CITY-ST-ZIP<br>TITLE  |   |   | 4.4 CITY-S<br>5.1 TITLE | 1-214  |  | Chang     | ge Addition                  |
| NAME  |   | المالية المالية   | 5.2 NAME                |  |  |           |                              |
| STREET ADDRESS  |   |   | 5.3 STREE               | T ADDDESS  |  |           |                              |
|   | 7   |   |                         | I ADDRESS [  |  |           |                              |
| CITY-ST-ZIP   |   |   | 5.4 CITY-S              |  |  |           |                              |

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 suppliemental 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.

6.2 NAME

6.3 STREET ADDRESS

NAME

STREET ADDRESS CITY-ST-ZIP