

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 # **M09008** (7)

1. Corporation Name
REINTER INC.



Principal Place of Business: **4101 NW 9TH ST MIAMI FL 33126**
Mailing Address: **4101 NW 9TH ST MIAMI FL 33126**

3. Date Incorporated or Qualified: **12/14/1984**
3a. Date of Last Report: **03/21/1995**
4. FEI Number: **65-0227345**
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

2. Principal Place of Business: 21 State, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country
2a. Mailing Address: 26 State, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country

9. Name and Address of Current Registered Agent

**FERRER, SILVIA
730 WEST 73RD PLACE
HIALEAH FL 33014**

10. Name and Address of New Registered Agent

81 Name; 82 Street Address (P.O. Box Number is Not Acceptable); 83; 84 City; 85 Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0702 and 607.1504, 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: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	CLEMENTE GOMEZ <input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: SAN BERNARDO 5	MADRID 13 SPAIN	2. NAME	
STREET ADDRESS:		3. STREET ADDRESS	
CITY, ST, ZIP:		4. CITY, ST, ZIP	
TITLE: VD	FERRER, SILVIA <input type="checkbox"/> DELETE	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: 730 WEST 73 PLACE	HIALEAH FL	22. NAME	
STREET ADDRESS:		23. STREET ADDRESS	
CITY, ST, ZIP:		24. CITY, ST, ZIP	
TITLE: SD	DEL CARMEN RUBIO, MARIA <input type="checkbox"/> DELETE	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: SAN BERNARDO 5	MADRID 13 SPAIN	32. NAME	
STREET ADDRESS:		33. STREET ADDRESS	
CITY, ST, ZIP:		34. CITY, ST, ZIP	
TITLE:	<input type="checkbox"/> DELETE	4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		42. NAME	
STREET ADDRESS:		43. STREET ADDRESS	
CITY, ST, ZIP:		44. CITY, ST, ZIP	
TITLE:	<input type="checkbox"/> DELETE	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		52. NAME	
STREET ADDRESS:		53. STREET ADDRESS	
CITY, ST, ZIP:		54. CITY, ST, ZIP	
TITLE:	<input type="checkbox"/> DELETE	6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		62. NAME	
STREET ADDRESS:		63. STREET ADDRESS	
CITY, ST, ZIP:		64. CITY, ST, ZIP	

SD
RUBIO, MARIA DEL CARMEN
SAN BERNARDO 5
28013 MADRID, SPAIN

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: *Silvia Ferrer* **Silvia Ferrer** **1/19/96** **(305) 571-1476**

CR2E034 (12/95)