

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

FILED

Apr 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 1. Corporation Name REGINA RESOURCES, INC					
Principal Place of Business 13303 SW 27th ST MIAMI FL 33175		Mailing Address 13303 SW 27th ST MIAMI FL 33175			
2. Principal Place of Business 21 13303 SW 27th STREET Suite, Apt. #, etc.		2a. Mailing Address 26 13303 SW 27th STREET Suite, Apt. #, etc.		3. Date Incorporated or Qualified 06/13/1988	
22 City & State 23 MIAMI FLORIDA		27 City & State 28 MIAMI FLORIDA		3a. Date of Last Report 06/09/1995	
24 Zip 33175 Country DADE		29 Zip 33175 Country DADE		4. FEI Number 65-0057538	
9. Name and Address of Current Registered Agent PEREZ, REGINA 13303 SW 27th ST MIAMI FL 33175				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	
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.				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	
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					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP					
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP					
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP					
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100.1 TITLE 100.2 NAME 100.3 STREET ADDRESS 100.4 CITY-ST-ZIP					

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REGINA PEREZ

2/20/97

(305) 226-4613

Date

Daytime Phone #