FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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95 MAY -1 AM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995

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

600001478946
-05/08/95--01052--011
****200.00 ****200.00

DOCUMENT # P92000012713

1. Corporation Name
REFES Corporation.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
10375 NW 48TH ST DORAL DUNES FL 33178	10375 NW 48TH ST DORAL DUNES FL 33178

3. Date Incorporated or Qualified: 12/16/92
3a. Date of Last Report:

2. Principal Place of Business
21 10375 NW 48TH ST.
22 State, Apt. #, etc. DORAL DUNES FLA.
23 City & State 33178.
24 Zip
25 Country

2a. Mailing Address
26 1414 N.W. 107 AVE.
27 State, Apt. #, etc. SUITE 214
28 City & State MIAMI, FLORIDA
29 Zip 33172
30 Country

4. FEI Number 65-0377285
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

9. Name and Address of Current Registered Agent

KASS, MARK E
1497 NW 7TH ST
MIAMI FL 33125

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City FL 05 Zip Code

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.

SIGNATURE _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (FOR Registered Agent signature required when mailing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	REYES, FRANK	12 NAME	
STREET ADDRESS	10375 NW 48TH ST	13 STREET ADDRESS	
CITY-ST-ZIP	DORAL DUNES FL 33178	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	FERES DE REYES, JEANET	22 NAME	
STREET ADDRESS	10375 NW 48TH ST	23 STREET ADDRESS	
CITY-ST-ZIP	DORAL DUNES FL 33178	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	MS 11
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is effectively furnished and 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 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 addition.

SIGNATURE: Frank Reyes 4-27-95
SIGNATURE AND TYPED OR PRINTED NAME OF FLORIDA OFFICER OR DIRECTOR — Date — Daytime Phone #