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Jun 28, 1999 8:00 am
Secretary of State

06-28-1999 90006 031 ***163.75
 07-29-1999 90012 002 ***386.25

FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS



CORPORATION
 ANNUAL REPORT
 1999

DOCUMENT # **P93000009047**

1. Corporation Name
RECA GROUP, INC.

Principal Place of Business
 2750 W 68 ST
 SUITE 111
 HIALEAH FL 33016
 US

Mailing Address
 2750 W 68 ST
 SUITE 111
 HIALEAH FL 33016
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/01/1993

4. FEI Number

65-0405546

Applied For

Not Applicab

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Election Campaign Financing

\$5.00 May Be
 Trust Fund Contribution
 Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax. Yes No

21	2a. Mailing Address	28	2b. Mailing Address
SAME	SAME	SAME	SAME
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State
24	Zip	29	Zip
25	Country	30	Country

9. Name and Address of Current Registered Agent

CHAVES, RENE
 2750 W 68 ST
 SUITE 111
 HIALEAH FL 33016

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PSTD	<input type="checkbox"/> DELETE
NAME	CHAVES, RENE	
STREET ADDRESS	2750 W 68 ST SUITE 111	
CITY-ST-ZIP	HIALEAH FL	
TITLE		<input type="checkbox"/> DELETE
NAME	N/A	
STREET ADDRESS	N/A	
CITY-ST-ZIP	N/A	
TITLE		<input type="checkbox"/> DELETE
NAME	N/A	
STREET ADDRESS	N/A	
CITY-ST-ZIP	N/A	
TITLE		<input type="checkbox"/> DELETE
NAME	N/A	
STREET ADDRESS	N/A	
CITY-ST-ZIP	N/A	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Additio
1.2 NAME	N/A
1.3 STREET ADDRESS	N/A
1.4 CITY-ST-ZIP	N/A
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Additio
2.2 NAME	N/A
2.3 STREET ADDRESS	N/A
2.4 CITY-ST-ZIP	N/A
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Additio
3.2 NAME	N/A
3.3 STREET ADDRESS	N/A
3.4 CITY-ST-ZIP	N/A
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Additio
4.2 NAME	N/A
4.3 STREET ADDRESS	N/A
4.4 CITY-ST-ZIP	N/A
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Additio
5.2 NAME	N/A
5.3 STREET ADDRESS	N/A
5.4 CITY-ST-ZIP	N/A
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Additio
6.2 NAME	N/A
6.3 STREET ADDRESS	N/A
6.4 CITY-ST-ZIP	N/A

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 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, with all other like empowered.

SIGNATURE: **René Chaves** **RENE CHAVES PRES** **6/25/99** **305-558-0771**