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

PROFIT CORPORATION **ANNUAL REPORT**

1998



Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Namo P93000082253 (4)

R.E.J., INC.

FILED Mar 19 1998 8:00am Secretary of State

Principal Place of Business Mailing Address					IDANO ARDIA MADA DHADA I <mark>l</mark> an edel
254 OCEAN BLVD P.O.BOX 632					
GOLDEN BEACH FL 33180 US		DANIA FL 33004 US		DO NOT WRITE IN THIS SPACE	
03		03		3. Date Incorporated or Qualified	707702
				12/02/1993	,
	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26	······································	65-0455610	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 City & State	9	City & State		6 Stantian Compaign Signature	Fee Required
23		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the c	urrent year Intangible
24	25	29 30		Personal Property Tax due June 30.	Yes No
	g, Name and Address of Currer	nt Registered Agent	81 Name	10. Name and Address of New Registered	d Agent
MIMOUN, ROGER					
254 OCEAN BLVD GOLDEN BEACH FL 33160			82 Street Addr	ress (P.O. Box Number is Not Acceptable)	·
G-C	LIDEN BEACH FL 33160		83	<u> </u>	
			84 City	F	L 85 Zip Code
11. Pursuant t	o the provisions of Sections 607.050	2 and 607 1508, Florida Statutes, t	he above-named corp		
agent. La	agistered agent, or both, in the State m familiar with, and accept the oblig	i of Florida. Such change was authorations of, Section 607.0505, Florida	orized by the corporat a Statutes.	poration submits this statement for the purpose tion's board of directors. I hereby accept the ap	pointment as registered
SIGNATURE					
	Signature, typed or printed name of registered ap-	int and title if applicable. (NOTE: Rec D DIRECTORS	gistered Agent signature requir		10 010F07000 AL 40
12.	PSD OFFICERS AN	D DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AN	Change Addition
NAME	MIMOUN, ROGER		12 NAME		
STREET ADDRESS	20379 W. COUNTRY CLUB I	DR. ≰25 8	1.3 STREET ADDRESS 201	879 W. Country Club. Townhouse	3
CITY-ST-ZIP	N. MIAMI FL	· 1	1.4 CITY-ST-ZIP	879 W. Country Clydy Townhouse 3	3180
TITLE	VTD	☐ DELETE	2.1 TITLE		☐ Change ► Addition
NAME	MIMOUN, JONAS		22 NAME		
STREET ADDRESS	254 OCEAN BLVD		2.3 STREET ADDRESS		20.0
CITY-ST-ZIP	GOLDEN BEACH FL	DELETE	2.4 CITY-ST-ZIP	``	Change Addition
TITLE NAME		C) DELETE	3.1 TITLE 3.2 NAME		T. CHANGE THE WOUNDER
STREET ADDRESS			3.3 STREET ADDRESS	•	
CITY-ST-ZIP			3 4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME		i	4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY+ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		·
STREET ADDRESS			5.3 STREET ADDRESS		*
CITY-ST-ZIP TITLE		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
NAME		CT VICE	6.2 NAME		C Jungo C Addition
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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 supplicit into an analysis 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 trustic 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.

3/2/98