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May 02 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 # P94000062721 (3)

1. Corporation Name
RESALES, INC.



Principal Place of Business

5730 S.W. 74TH ST.
SUITE 200
SOUTH MIAMI FL 33134

Mailing Address

5730 S.W. 74TH ST.
SUITE 200
SOUTH MIAMI FL 33143-5300

3. Date Incorporated or Qualified
08/25/1994

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 12350 SW 132 COURT

Suite, Apt. #, etc.

22 SUITE 215

City & State

23 MIAMI, FL

24 33186

Country

25 USA

2a. Mailing Address

26 12350 S.W. 132 COURT

Suite, Apt. #, etc.

27 SUITE 215

City & State

28 MIAMI, FL

29 33186

Country

30 USA

4. FEI Number

65-0515609

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

GONSALVES, DOUGLAS V
5730 S.W. 74TH ST.
SUITE 200
SOUTH MIAMI FL 33134

10. Name and Address of New Registered Agent

81 Name

DOUGLAS V. GONSALVES

82 Street Address (P.O. Box Number is Not Acceptable)

12350 S.W. 132 CT.

83

SUITE 215

84 City

MIAMI

FL

85 Zip Code

33186

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: DOUGLAS V. GONSALVES

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/22/97

12. OFFICERS AND DIRECTORS

TITLE D
NAME GONSALVES, DOUGLAS V
STREET ADDRESS 5730 S.W. 74TH ST., STE. 200
CITY-ST-ZIP SOUTH MIAMI FL 33134

TITLE D
NAME BOWERS, ANDREW H
STREET ADDRESS 5730 S.W. 74TH ST., STE. 200
CITY-ST-ZIP SOUTH MIAMI FL 33134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D
1.2 NAME GONSALVES, DOUGLAS V.
1.3 STREET ADDRESS 12350 SW 132 CT, STE 215
1.4 CITY-ST-ZIP MIAMI, FL 33186

2.1 TITLE D
2.2 NAME BOWERS, ANDREW H.
2.3 STREET ADDRESS 12350 SW 132 CT, STE 215
2.4 CITY-ST-ZIP MIAMI, FL 33186

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE: DOUGLAS V. GONSALVES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/97 (305) 259-4188

Date

Daytime Phone: #

CR2E034 (9/96)