

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

FILED  
Aug 11, 1999 8:00 am  
Secretary of State

08-11-1999 90002 015 \*\*\*550.00



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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999

DOCUMENT # P94000077498

1. Corporation Name

RESA MACHINERY AND SUPPLIES TRADING INC.

Principal Place of Business

15298 SW 104TH ST  
STE 9-15  
MIAMI FL 33196  
US

Mailing Address

15298 SSW 104TH ST  
STE 9-15  
MIAMI FL 33196  
US

2. Principal Place of Business

21 7478 NW 8 Street  
Suite, Apt. #, etc.

22 Miami, FL  
City & State

23 33126 USA  
Zip Country

24

2a. Mailing Address

26 7478 NW 8 Street  
Suite, Apt. #, etc.

27 Miami, FL  
City & State

28 33126 USA  
Zip Country

29 30

9. Name and Address of Current Registered Agent

PAREDES, RENE  
15298 SW 104TH ST  
STE 9-15  
MIAMI FL 33196

3. Date Incorporated or Qualified

10/21/1994

4. FEI Number

65-0549886

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 owes the current year Intangible

Personal Property Tax.

☐ Yes

☐ No

10. Name and Address of New Registered Agent

81 Name

Rene Paredes

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

7478 NW 8 Street

83

84 City

Miami

FL

85 Zip Code

33126

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE P  
NAME PAREDES, RENE O  
STREET ADDRESS 15298 SW 104TH ST STE 9-15  
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

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

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

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

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

Change ☒ Addition ☐

President Paredes, Rene O.

7478 NW 8 St

Miami, FL 33126

Change ☐ Addition ☐

Change ☐ Addition ☐

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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: (X) REQUIRED

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0574626

CR2E034 (11/98)