

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000078661 (3)

1. Corporation Name

REALITY BYTES, INC.



Principal Place of Business

1500 NW 15TH AVE
STE 4
BOCA RATON FL 33486
US

Mailing Address

1500 NW 15TH AVE
STE 4
BOCA RATON FL 33486
US

2. Principal Place of Business

21 10801 S.W. 109 COURT

Suite, Apt. #, etc.

22 D-209

City & State

23 MIAMI, FLORIDA

Zip

24 33176

Country

25 DADE

2a. Mailing Address

26 10801 S.W. 109 COURT

Suite, Apt. #, etc.

27 D-209

City & State

28 MIAMI, FLORIDA

Zip

29 33176

Country

30 DADE

3. Date Incorporated or Qualified

10/26/1994

3a. Date of Last Report

06/12/1995

4. FEI Number

65-0542568

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing



\$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

EASTHAM, JOHN K ESQ
138 W. PALMETTO PARK ROAD
BOCA RATON FL 33432

10. Name and Address of New Registered Agent

81 Name

RAFAEL ESTRELLA

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

10801 S.W. 109 COURT, #D-209

83

84 City

MIAMI

FL

85 Zip Code

33176

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

Rafael Estrella

RAFAEL ESTRELLA

(Signature of Registered Agent or Director, if applicable)

5/14/96

Date

12. OFFICERS AND DIRECTORS

TITLE PDVT ☐ DELETE

NAME ESTRELLA, RAFAEL

STREET ADDRESS 50 SOUTHWEST 3RD AVE., NO. 305-F

CITY-ST-ZIP BOCA RATON FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

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STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PDVTSCM ☒ Change ☐ Addition

1.2 NAME RAFAEL ESTRELLA

1.3 STREET ADDRESS 10801 S.W. 109 COURT, #D-209

1.4 CITY-ST-ZIP MIAMI, FLORIDA 33176

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/14/96 305-598-4457
Date Daytime Phone #

CR2E034 (12/95)