

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

FILED
May 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000086357**
1. Corporation Name: **Rey & Bros., Inc.**

Principal Place of Business: **9050 Pines Blvd.
Suite 385A
Pembroke Pines FL 33024**
Mailing Address: **9050 Pines Blvd.
Suite 385A
Pembroke Pines, FL 33024**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		11/21/1994	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0536634	
24 Country		29 Country		30 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 or has paid the current year Intangible Personal Property Tax due June 30.				☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

**Jennifer Schechtman
9050 Pines Blvd, Suite 385A
Pembroke Pines FL 33024**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 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 type and print name of officer or director required when filing application) (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	Rey, Ignacio	12 NAME	
STREET ADDRESS	9050 Pines Blvd, Suite 385A	13 STREET ADDRESS	
CITY-ST-ZIP	Pembroke Pines FL 33024	14 CITY-ST-ZIP	
TITLE	VPD	21 TITLE	☐ Change ☐ Addition
NAME	Rey, Rene	22 NAME	
STREET ADDRESS	9050 Pines Blvd, Suite 385A	23 STREET ADDRESS	
CITY-ST-ZIP	Pembroke Pines FL 33024	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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 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 registered agent 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 amendment with an address.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-6-98

Date Daytime Phone

CR2E034 (10/97)