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

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

SIGNATURE:

1. Corporation	MENT # P9500 Name RERO MULTISERVICES IN		10682	(9)									i l
Principal Place	of Business	Ma	iling Address	MTL/AL			-	100 166 110 1610	Billi filli di i	I PARTICULAR E		(181 18118 (184 18	l
6314 PEMBE HOLLYWOOI	ROKE ROAD	6314 PEMBROKE ROAD HOLLYWOOD FL 33023											
							3	. Date Incorporated or 02/06/1995	Qualified	3a. Date	of Last R	leport	
2. Principal Plac	ce of Business	Pro1	Mailing Address				4	. FEt Number	· · · · · · · · · · · · · · · · · · ·			Applied For	
Suite, Apt. #, etc.		26 Suite Art # ete					65-0551		51652	2	Not Applica		ole
Suite, Apit. #	, etc.	27	Suite, Apt. #, etc.				5	. Certificate of Status I	Desired			Additional	
City & State		 	City & State					, Election Campaign Fi	nancino			Required	
3		28	·					Trust Fund Contributi	-			0 May Be d to Fees	
Zip	Country		Zıp	Cot	untry		8	. This corporation has	liability for in	ntangible ta	·		
·4	25	29	·····	30				Florida Statutes	☐ Yes				
	9. Name and Address of Curren	it Registi	ered Agent	·	81	Nama	10	Name and Address	of New R	egistered A	gent		
DIMENT	EL, ALTAGRACIA					Name							
	W 11 STREET				82	Street Add	ress (F	P.O. Box Number is No	t Acceptabl	e)			
	OKE PINES FL 33023				83	· · · · · · · · · · · · · · · · · · ·							
,									· · · · · · · · · · · · · · · · · · ·				
					84	City				FL	85 Zq	p Code	
SIGNATURE	the provisions of Sections 607,0502 diagent, or both, in the State of Floria, and accept the obligations of, Sectional diagnature, typed or printed name of registeric against			orized by the otes. (NOTE: Popistered					pt the appo	intment as r	iging its r egistered	egistered on	
12.	OFFICERS AND			13.	2.00	. s griottire require	Ni les	ADDITIONS/CHANGE	S TO OFFI		DIRECTO	PS IN 12	(30/04) 40/0E)
TITLE	Р		DELETE	111	ITLE						Change	Addition	- (
NAME	PIMENTEL, ALTAGRACIA			1.2 N	AME								
STREET ADDRESS	7161 SW 11 STREET	_		1.3 S	IREET	ADDRESS							
CITY - ST - ZIP	PEMBROKE PINES FL 3302	3			ITY-SI	I-ZIP							
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NAME STREET ADDRESS	7161 SW 11 STREET			22 N									
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STREET ADDRESS						ADDRESS							
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NAME				4 2 N	AME								
STREET ADDRESS				43 S	TREET	ADDRESS							
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TITLE NAME			☐ DELETE	511						Ĺ	Change	Addition	
STREET ADDRESS				52 N		Monoree							ĺ
CITY-ST-ZIP					TY-ST	ADDRESS							
TITLE			DELETE	6.4 U		rii .					Change	☐ Addition	
NAME			<u>—</u>	6.2 N/						L			
STREET ADDRESS						ADDRESS							
CITY-ST-ZIP				6 4 CI	TY-ST	- ZIP							
oath; that I	certify that the information supplied ville information and cated on this annularm an officer or director of the corporation 12 or Brock 13 if changed; or p	ial report i ration or t	or supplemental a the receiver or trus	rinual report i stee empowei	s true	r and accura	ste and	i that my signature shal	l have the s	a lenal ame:	front ac if	rnada undar	

-re-rd

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(954)966-2255