

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000026686 (2)
 1. Corporation Name

REY-NERIO PRODUCTIONS, CORP.



Principal Place of Business: 1113 S.W. 76TH AVENUE MIAMI FL 33144
 Mailing Address: 1113 S.W. 76TH AVENUE MIAMI FL 33144

3. Date Incorporated or Qualified: 04/04/1995
 3a. Date of Last Report: none

2. Principal Place of Business: 21 825 S. Bayshore Dr, Suite, Apt #, etc: 22 643, City & State: 23 MIAMI, Fla., Zip: 24 33131, Country: 25 USA
 2a. Mailing Address: 26 825 S. Bayshore Dr, Suite, Apt #, etc: 27 643, City & State: 28 MIAMI Fla., Zip: 29 33131, Country: 30 USA

4. FEI Number: [] 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 [X] No

9. Name and Address of Current Registered Agent

HERNANDEZ, CESIAH
 1113 S.W. 76TH AVENUE
 MIAMI FL 33144

10. Name and Address of New Registered Agent

81 Name: Perez Reinerio
 82 Street Address (P.O. Box Number is Not Acceptable): 825 S. Bayshore Dr
 83 AP-643
 84 City: MIAMI, Fla., FL 85 Zip Code: 33131

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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] (NOTE: Registered Agent signature required when translating)

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	HERNANDEZ, CESIAH	
STREET ADDRESS	1113 S.W. 76TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33144	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	GARCIA, ALINA	
STREET ADDRESS	2600 S.W. 18TH STREET	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Reinerio Perez	
13 STREET ADDRESS	825 S. Bayshore Dr AP 643	
14 CITY-ST-ZIP	MIAMI, Fla. 33131	
21 TITLE	US/M	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Hernandez CesiaH	
23 STREET ADDRESS	1113 S.W. 76th Ave	
24 CITY-ST-ZIP	MIAMI, Fla. 33144	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13, changed or on an attachment with an address.

SIGNATURE: [Signature] 08/04/96 (305) 873-3158
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Type in Block 13)

CR2E034 (3/96)