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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

	1996	DIVISION OF	CORPOR	ATIONS							
1. Corporation	) (Nature	00040252 (5	5)								
REYN	O INTERNATIONAL, INC.										
Principal Piace of Business Mailing Address								PHI <b>CO</b> NN <b>CO</b> ANT <b>E</b> TEA			
3100 NORTH 29TH COURT 3100 NORTH 29TH CO											
HOLLYWOO	DD FL 33020-1321	HOLLYWOOD FL 330									
							e Incorporated or Qualified 05/22/1995	3a. Date of Last Report			
Principal Place of Business     Amailing Address     Amailing Address						4. FEI	Number A C- Q XI	1/2-	<b>—</b>	Applied For	
26   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.						6	5-0584			Not Applicable	
22 27							tificate of Status Desired			Additional Required	
City & State	)	City & State	<del></del>				ction Campaign Financing st Fund Contribution		\$5.0	O May Be d to Fees	
Zip	Country	Zip	Cou	ntry			corporation has liability for		nder s	199.032,	
24	25 9. Name and Address of Curre	nt Registered Agent	30	· · · · · · · · · · · · · · · · · · ·			ida Statutes Yes  Me and Address of New F	No Registered Age	nt.		
	g. Hamb End Modeled of Carlo	Trogistored Agent		81 Name		U, Ital	ING BUT WOOLDES OF MOM I	redistered whe	nt		
REYNO, REGINA											
3100 NORTH 29TH COURT			ļ	82 Street Address (P			ox number is not acceptat	) <del>(</del> )		1	
HOLLYWOOD FL 33020-1321				83							
				84 City		······································		-, 8	5 Zir	Code	
11 Purcuant to	to the provisions of Sections 607.050	2 and 607 1509 Florido Statuto	s the abo				20 Al 1 Al	- FI. I			
Or register	eo agent, or both, in the state of Flor	ida. Such change was authorize	eo by the c	orporation's	s board of	directo	its this statement for the pul ors. I hereby accept the app	rpose of changir ointment as regi	ig its re istered	agistered office L agent. I am	
SIGNATURE	th, and accept the obligations of, Sec	tion 607.0505, Florida Statutes.									
	Signature, typed or printed name of registered ager		IE: Registered	Agent signature	required when	nenstahi	id <sub>i</sub>	DATE			
12.		ND DIRECTORS	13.				ITIONS/CHANGES TO OFF				
TITLE NAME	D Reyno, Manuel	☐ DELETE	1. 1 70		Pre	<i>'</i> S,	ア	□ c	nange	▼ Addition	
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CITY-ST-ZIP	HOLLYWOOD FL 33020-1321			1.4 CITY - ST - ZIP							
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NAME	reyno, regina		2 2 NA	ME	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	<u>ب</u>		1	·		
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NAME		_	4.2 NA					٠٠ ب			
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NAME			6.2 NA					☐ CH	ចោកិន	Moniton	
STREET ADDRESS				EET ADDRESS							
CiTY-ST-ZiP				Y · ST · ZIP							
	certify that the information supplied	with this filing is voluntarily furnis			alify for the	a avam	ation stated in Section 110	07/2//U Florida	Ctotede	o I further	

on nereby 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 on 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 12) changed, or on an address.

GNATURE:

GNATURE:

QRAID RES

4/17/96

(9.74)9.26, n.>22

SIGNATURE:

(954)9260226