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PROFIT CORPORATION ANNUAL REPORT

1997

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FLORIDA DEPARTMENT OF STATE

FILED

Jan 16 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000040252 (5)

REYNO INTERNATIONAL, INC.

Principal Place of Business Mailing Address \$100 NORTH 29TH COURT 3100 NORTH 29TH COURT HOLLYWOOD FL 33020-1321 HOLLYWOOD FL 33020-1321									
						3. Date Incorporated or Qualified 05/22/1995		ate of Last F 23/1996	Report
2. Principa P	lace of Business	28. Mailing Address	28. Mailing Address			4. FEI Number 65-0584637		 	pplied For ot Applicabl
Suite Apt.	# etc	Suite, Apt #, etc							Additional
22		27				5. Certificate of Status Desired		Fee R	equired
City & State	e e	City & State				6. Election Campaign Financing			Мау Ве
23 Zip	Country	28 Zip	Country	v		Trust Fund Contribution 8. This corporation has liability for i	D stangible		to Fees
24	25	}	30	,			Titangibie		5. 199.002,
	9. Name and Address of Cur	rent Registered Agent				10. Name and Address of New Re	gistered	Agent	
	'NO, REGINA		81		Name				
	0 NORTH 29TH COURT		82	†	Street Addr	ess (P.O. Box Number is Not Acceptab	le)		
HUL	LYWOOD FL 33020-1321		83	-					<u></u>
				L					
			84	1	City		FL	85 Zip	Code
agent. La	egistered agent, or born, in the si im familiar with, and accept the ob-					poration submits this statement for the pion's board of directors. I hereby accepted when reinstating)	DATE	oomment as	
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AN		
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NAME	3100 NORTH 29TH COURT	SUITE 201	1.2 NAME		ppproc				
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NAME	REYNO, REGINA	*****	2 2 NAME						
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NAME			ı						
STREET ADDRESS					1				
	hy certily that the information sure	alied with this filipp does not qualif		_		in Section 119 07(3Vi) Florida Statute	s I furthe	r certify the	t the
STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP 14. I do here	ADDRESS ADDRESS DELETE DELETE		43 STREE 44 CHY- 51 TITLE 52 NAME 53 STREE 54 CHY- 61 TITLE 62 NAME 63 STREE 64 CHY- fy for the ex	4 3 STREET ADDRESS 4 4 CITY-ST-ZIP 5 1 TITLE 5 2 NAME 5 3 STREET ADDRESS 5 4 CITY-ST-ZIP 6 1 TITLE 6 2 NAME 6 3 STREET ADDRESS 6 4 CITY-ST-ZIP for the exemption state		t much apparatus aball have the same land	al affaat a	er certify tha	Lit the

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR