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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000075112

REYES FINANCIAL MORTGAGE COMPANY, INC.

Principal Place of Business								
4011 W. FLAGI	.er st	#504						
16(A)() EL 2212	4	,						

Mailing Address

4011 W. FLAGLER ST., #504 MIAMI FL 33134

FILED Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90063 007 ***150.00



DO NOT WRITE IN THIS SPACE

· · · · · · · · · · · · · · · · · · ·				09/25/1995				
2 Principal Pl	ace of Business	Business 2a. Mailing Address			4. FEI Number Applied For			
a. Timorpairi	ado di Edomood	26			65-0615526	No	ot Applicable	
Suite, Apt.	# etc	Suite, Apt. #, etc.				\$8.75	Additional	
		27		-5. Certificate of Status Desired Fee Required				
City & State	3	City & State		-	6. Election Campaign Financing	\$5.00	May Be	
23		28			Trust Fund Contribution	Added t	7	
Zip	Country	Zip	Count	ry	8. This corporation owes the current year Int	tangible		
¬ '	25	29	¬ ' —		Personal Property Tax. ☐ Yes ☐ No			
24	9. Name and Address of Current		1001		10. Name and Address of New Registered Agent			
	J. Italia did Addi do di Garage		8	Name				
REYES, ORLANDO E								
4011 W. FLAGLER ST., #504			8	82 Street Address (P.O. Box Number is Not Acceptable)				
	AI FL 33134		5	13				
1112 11	12 33 13 1		`	~ .				
			18	34 City	FL	85 Zip (Code	
					• •	<u> </u>		
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida. Such change was ons of, Section 607.0505, F	lorida Statut	es.	corporation submits this statement for the purpose of ration's board of directors. I hereby accept the appo	intment as re	gistered	
	Signature, typed or printed name of registered agent a			gent signature rec	quired when reinstating) DATE	ID DIDECTO	2BC IN 42	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AF	Change	Addition	
TITLE	D ·	☐ DELETE	1.1 TITL	E		Change	[] Addition	
NAME	REYES, ORLANDO E		1.2 NAM	E				
STREET ADDRESS	4011 W. FLAGLER ST., #504		1.3 STR	EET ADDRESS			Ì	
CITY-ST-ZIP	MIAMI FL 33134		1,4 CITY	-ST-ZIP				
TITLE		DELETE	2,1 TTTL	E "		Change	☐ Addition	
NAME	•		2.2 NAM	E .	•			
STREET ADDRESS	2351		2.3 STR	EET ADDRESS				
CITY-ST-ZIP -	Ti			Y-ST-ZIP				
TITLE		☐ DELETE	3.1 TITL			☐ Change	Addition	
	<i>:</i>	_	3.2 NAM	ı	· ·		ţ	
NAME	• :	•		EET ADORESS			1	
STREET ADDRESS							Y	
City-St-ZiP	<u> </u>	□ DELETE	3,4. CIT 4,1 TITL	Y-ST-ZIP		Change	Addition	
TITLE								
NAME			4, 2 NAM	į.	*)	
STREET ADDRESS			4.3 STR	EET ADDRESS		•	}	
CITY-ST-ZIP		<u> </u>		'-ST-ZIP				
TITLE		☐ DELETE	5.1 TITL			Change	☐ Addition [
NAME			5.2 NAM		•			
STREET ADDRESS			5.3 STR	EET ADDRESS				
CITY-ST-ZIP				'-ST-ZIP				
TITLE		☐ DELETE	6.1 TITL	E	-	☐ Change	☐ Addition	
NAME	•		6.2 NAM	IE		•		
STREET ADDRESS	, .		6.3 STR	EET ADDRESS			ł	
			64 CITY	-ST-ZIP				
CITY-ST-ZIP	codify that the information cumuliad with	this filing does not qualify			in Section 119.07(3)(i), Florida Statutes, I further ce	rtify that the	information	

indicated on this annual report or supplied with this filling does not quality for the exemption is account 19.0/(3)(f). Fidure statutes, it turner certify that the information did not the same legal effect as if made under oath; that I am an officer or director of the corporation of 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 13 if changed, or on appears with an address, with all other like empowered.

SIGNATURE: