May 06, 1999 8:00 am Secretary of State

05-06-1999 90176 027 \*\*\*158.75

## 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 # P95000086804

12700 BISCAYNE BLVD. STE 305 B

NORTH MIAMI FL 33181

1. Corporation	REASURE, INC.								
Principal Place of Business Mailing Address							1181 16110 BILBI 1611 1	B(1) B(8) (B8)	
12700 BISCAYNE BLVD.  SUITE 305 B  NORTH MIAMI FL 33181  12700 BISCAYNE BLVD.  SUITE 305 B  NORTH MIAMI FL 33181						DO NOT WRITE IN T  3. Date Incorporated or Qualifed  11/10/1995	HIS SPACE		
2 Principal P	lace of Business	2a. Mailing Address				4, FEI Number	Apr	plied For	
21 26 26						65-0619666	No.	Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27						5. Certificate of Status Desired	<b>\$8.75</b> A Fee Re		
	City & State City & State					6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added to		
Zip	CountryZip			у		g. This corporation owes the current year		<b></b>	
24	25	29 3	0			Personal Property Tax.		□ No	
	9. Name and Address of Curi	ent Registered Agent	81	Nai		10. Name and Address of New Register	ed Agent		
FERNANDEZ, CRISTINA P 2311 S.W. 89TH COURT MIAMI FL 33165			82 83		Street Address (P.O. Box Number is Not Acceptable)  City 85 Zip Code				
			84	City	4	F	=L 85 Zip C	code	
office or r	agistered agent or both in the Sta	502 and 607.1508, Florida Statutes te of Florida. Such change was auti gations of, Section 607.0505, Florid	nonzed by	/ the c	ned corpo orporation	ration submits this statement for the purposities board of directors. I hereby accept the ap	of changing its pointment as reg	registered gistered	
SIGNATURE	Signature, typed or printed name of registered		tegistered Age	nt signa	ture required	when reinstating) DATE			
12. OFFICERS AND DIRECTORS					· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12	
TITLE	PD DELETE		1.1 TITLE 1.2 NAME				[ ] Change	L Addition	
NAME	RIVERO, FLORES J JOSE 12700 BISCAYNE BLVD. STE 305 B				500				
STREET ADDRESS	MODEL MIANUEL			T ADDR	E00				
CITY-ST-ZIP	SD DELETE			1.4 CfTY-ST-ZIP 2.1 TffLE			Change	Addition	
NAME	CAMILA, ROMERO		2.2 NAME				_ •		
STREET ADDRESS 12700 BISCAYNE BLVD, STE 305B			2.3 STREE		ESS				
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33		2. 4 CITY-						
TITLE	TD	DELETE	3.1 TITLE		CTA		Change	Addition	
NAME	COLLINS, ISABEL		3.2 NAME	~ -	705	mero, CAMI/A	- 1213		
'			1		ニー・トラン	" - " "	المحباب المرز	$\neg \cup \land$	

6.4 CITY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 trace empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if charged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE

NAME

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

3.4. CITY-ST-ZIP

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

OELETE

DELETE

DELETE

12700 61

Change

☐ Change

☐ Addition

☐ Addition