

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

FILED  
Mar 11, 1999 8:00 am  
Secretary of State

03-11-1999 90230 023 \*\*\*150.00

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DOCUMENT # P96000013074

1. Corporation Name  
REPRO, INC.

Principal Place of Business  
21215 N.E. 9TH COURT #78-4  
NORTH MIAMI FL 33179

Mailing Address  
6995 NW 82 AVE  
BAY 43  
MIAMI FL 33166  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/12/1996

4. FEI Number  
65-0642816

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 owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 6995 N.W. 82 AVE.

26 6995 N.W. 82 AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 BAY 43

27 BAY 43

City & State

City & State

23 MIAMI FL.

28 MIAMI FL.

Zip

Country

Zip

Country

24 33166

25 USA

29 33166

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BLANCO, BETTY ESQ  
1801 CORAL WAY #204  
MIAMI FL 33145

81 Name  
VILLALONGA, TRINO  
82 Street Address (P.O. Box Number is Not Acceptable)  
21215 NE 9 COURT  
83 # 78-4  
84 City  
N. MIAMI BEACH FL 85 Zip Code  
33179

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

TRINO VILLALONGA, SEC. ID 3-4-99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME VILLALONGA, RAMON  
STREET ADDRESS 21215 N.E. 9TH COURT #78-4  
CITY-ST-ZIP NORTH MIAMI FL 33179

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE VSD  
NAME VILLALONGA, ONDINA  
STREET ADDRESS 21215 N.E. 9TH COURT #78-4  
CITY-ST-ZIP NORTH MIAMI FL 33179

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE TD  
NAME VILLALONGA, CARLOS  
STREET ADDRESS 21215 N.E. 9TH COURT #78-4  
CITY-ST-ZIP NORTH MIAMI FL 33179

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE SD  
NAME VILLALONGA, TRINO  
STREET ADDRESS 21215 NE 9TH COURT #78-4  
CITY-ST-ZIP N MIAMI FL 33179

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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 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 an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TRINO VILLALONGA 3-4-99 (305) 463-8009

Date

Daytime Phone #

CR2E034 (11/98)