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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

DOCUMENT #	P96000013074
1. Corporation Name	. 000000.00.

REPRO, INC.

						a iii ai ii aii a i a i ai		
Principal Place	of Business	Mailing Address				SILL BREEF ORINI ELBOR I	HARL Ha rley H	10(1 010) (00)
21215 N.E. 9TH		6995 NW 82 AVE				•		
NORTH MIAMI		BAY 43			DO NOT WE	TE IN THIS SOA	`E	
		MIAMI FL 33166				TE IN THIS SPAC	<u>, E</u>	
		US			3. Date Incorporated or Qualifed 02/12/1996			
2 Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		App	lied For
2. Fillicipal Fil	S N.W. 82 AVE.		11. K.S	AUE.	65-0642816			Applicable
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.	<u> </u>			\$8	.75 Ad	ditional
22 BA	V 43	27 BAY	43		Certifcate of Status Desired		ee Req	uired
City & State		City & State			6. Election Campaign Financing	\$	5.00 N	fay Be
23 MIA	MI FL.	28 MIAMI	FL.		Trust Fund Contribution		Added to	Fees
Zip	Country	Zip		intry	8. This corporation owes the cur			-1 ₁ ,
24 33/6		29 33/66	30	usA	Personal Property Tax.	Charlestoned American		No
	9. Name and Address of Current	Registered Agent		81 Name	10. Name and Address of New	Registered Agen	<u> </u>	
RI AI	NCO, BETTY ESQ			VILLA	9LONGA, TRIN			
	CORAL WAY #204				ess (P.O. Box Number is Not Accept	-		
	MI FL 33145			83		uret		
*****				#	78-4			
				84 City	0 = 4 = 1	FI · 85	Zip C	ode
44 Durawant	to the provisions of Sections 607.0502	and 607 1508 Florida Ste	tutes the a		MI BEACH pration submits this statement for the	purpose of chang	ing its r	egistered
office or re	to the provisions of Sections 607.0502 egistered agent, or both, invite State o m familiar with, and accept the obligation	f Florida. Such change wa	s authorized	by the corporation	on's board of directors. I hereby acce	pt the appointmen	it as regi	stered
agent. I ar	m familiar with, and accept the obligation	ons of, Section 607.0505,	Florida Stati	ues.	101.100 5-1		1 64	
SIGNATURE	Signature, typed or printed hame of registered agent	and title if applicable. (N	OTE: Registered	Agent signature required	d when reinstating)	DATE	1-71	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OF			
TITLE	PD	☐ DELETE	1,1 TI	TLE			Change	☐ Addition
NAME	VILLALONGA, RAMON		1.2 N/	AME				
STREET ADDRESS	21215 N.E. 9TH COURT #78-4		1.3 S	TREET ADDRESS				
CITY-ST-ZIP	NORTH MIAMI FL 33179		1.4 C	TY-ST-ZIP				
TITLE	VSD	☐ DELETE	2.1 TI	TLE				Addition }
NAME	VILLALONGA, ONDINA						Change	
STREET ADDRESS			2.2 N	AME.			nange	
	21215 N.E. 9TH COURT #78-4			AME TREET ADDRESS			nange	
CITY-ST-ZIP	NORTH MIAMI FL 33179		2.3 S1 2.4 C	TREET ADDRESS				Addition
CITY-ST-ZIP TITLE	NORTH MIAMI FL 33179 TD	☐ DELETE	2.3 ST 2.4 C 3.1 TI	TREET ADDRESS CITY-ST-ZIP TLE			Change	Addition
	NORTH MIAMI FL 33179 TD VILLALONGA, CARLOS		2.3 S1 2.4 C 3.1 TI 3.2 N	TREET ADDRESS EITY-ST-ZIP TILE AME				Addition
TITLE NAME STREET ADDRESS	NORTH MIAMI FL 33179 TD VILLALONGA, CARLOS 21215 N.E. 9TH COURT #78-4		2.3 ST 2.4 C 3.1 TI 3.2 N 3.3 ST	TREET ADDRESS CITY-ST-ZIP ITLE AME TREET ADDRESS				Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NORTH MIAMI FL 33179 TD VILLALONGA, CARLOS 21215 N.E. 9TH COURT #78-4 NORTH MIAMI FL 33179		2.3 S 2. 4 C 3.1 TI 3.2 N 3.3 S 3.4. C	TREET ADDRESS CITY-ST-ZIP TILE AME TREET ADDRESS CITY-ST-ZIP			*	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	NORTH MIAMI FL 33179 TD VILLALONGA, CARLOS 21215 N.E. 9TH COURT #78-4 NORTH MIAMI FL 33179 SD		2.3 S' 2.4 C 3.1 TI 3.2 NJ 3.3 S' 3.4. C	TREET ADDRESS EXTY- ST- ZIP TILE AME EXTY- ST- ZIP TILE			Change	
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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 receive 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 articly lent with an address, with all other like empowered.

SIGNATURE: 👱

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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