


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

FILED

Apr 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000026786 1. Corporation Name: REGID CORP. 5397 N.W. 105th Ct Miami, Fl. 33178			
Principal Place of Business		Mailing Address	
2. Principal Place of Business 21 5397 N.W. 105th Ct Suite, Apt. #, etc.: 22 Miami, Fl. City & State 23 33178 Zip 24		2a. Mailing Address 26 Suite, Apt. #, etc.: 27 Miami, Fl. City & State 28 33178 Zip 29	
3. Date Incorporated or Qualified 3-27-96		3a. Date of Last Report	
4. FEI Number 65-0657499		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent Pablo Quintero 8260 N.W. 68th Street Miami, Fl. 33166.		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS			
1.1 TITLE <input type="checkbox"/> DELETE 1.2 NAME Reinald A. Ruiz 1.3 STREET ADDRESS 5397 N.W. 105th Ct 1.4 CITY-ST-ZIP Miami, Fl. 33178			
2.1 TITLE <input type="checkbox"/> DELETE 2.2 NAME Erika Portillo 2.3 STREET ADDRESS 5397 N.W. 105th Ct. 2.4 CITY-ST-ZIP Miami, Fl. 33178			
3.1 TITLE <input type="checkbox"/> DELETE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP			
4.1 TITLE <input type="checkbox"/> DELETE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP			
5.1 TITLE <input type="checkbox"/> DELETE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP			
6.1 TITLE <input type="checkbox"/> DELETE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <input type="checkbox"/> Change <input type="checkbox"/> Addition 8000002147098 -04/17/97--01101--047 ***165.00			
14. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), Florida Statutes. I further certify that the information provided 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.			
SIGNATURE: _____ SIGNATURE AND FULLY PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone: # _____			

CR2E034 (9/96)

Handwritten signature and date: 4/17/97