

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
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90271 022 ***150.00

DOCUMENT # P96000030465

1. Corporation Name
REYCO WHOLESALE, INC.



Principal Place of Business

1840 W 49 ST
STE 220-1B
HIALEAH FL 33012
US

Mailing Address

1840 W 49 ST
STE 220-1B
HIALEAH FL 33012
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/08/1996

4. FEI Number

65-0655682

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

21 5080 E 4th Ave

Suite, Apt. #, etc.

22 # C

City & State

23 HIALEAH, FL

Zip

24 33213

Country

2a. Mailing Address

26 5080 E 4th Ave

Suite, Apt. #, etc.

27 # C

City & State

28 HIALEAH, FLORIDA.

Zip

29 33213

Country

30

9. Name and Address of Current Registered Agent

PEREZ, RAMON

1840 W 49 ST

STE 220-1B

HIALEAH FL 33012

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

5080 E 4th Ave Suite C

83

84 City Hialeah

FL

85 Zip Code 33213

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

12.

OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME PEREZ, RAMON
STREET ADDRESS 1840 W 49 ST, STE 220-1B
CITY-ST-ZIP HIALEAH FL

TITLE PS ☐ DELETE

NAME PEREZ, RAMON
STREET ADDRESS 1840 W 49 ST, STE 220-1B
CITY-ST-ZIP HIALEAH FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

12 NAME
13 STREET ADDRESS 5080 E 4th Ave Suite C
14 CITY-ST-ZIP HIALEAH, FL 33213

2.1 TITLE ☒ Change ☐ Addition

22 NAME
23 STREET ADDRESS 5080 E 4th Ave Suite C
2.4 CITY-ST-ZIP Hialeah, FL 33213

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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 REGISTERING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0128297