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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

TITLE

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STREET ADDRESS

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P96000047850 (8)

R.E. CAREERS INC.

Principal Place of Business Mailing Address 5840 SW 131 CT 5640 SW 131 CT MIAMI FL 33183 MIAMI FL 33183 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>06/05/1996</u> 2. Principal Place of Business 2a. Mailing Address Applied For 21 65-0723932 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 Country Zip Country Zip 8. This corporation owes or has paid the current year Intangible 25 30 Personal Property Tax due June 30. ☐ Yes 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name CHAVEZ, ELA V 5640 SW 131 CT Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33183** 83 84 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, 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 em familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registers diagent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TITLE CHAVEZ, ELA V NAME 1.2 NAME 5640 SW 131 CT STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 33183 CITY-ST-ZIP 14 CITY-ST-ZIP DELETE TITLE 21 TITLE ☐ Change Addition NAME **CHAVEZ. RUBEN V** 2.2 NAME 5640 SW 131 CT STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL 33183 CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP

6.4 CHY-S1-ZIP 7.1 Thereby 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.

4.1 THILE

4 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS

5.3 STREE1 ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY - ST- ZIP

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May 04 1998 8:00am

Secretary of State

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