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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000069223 (1)

REY UNLIMITED ENTERPRISES, INC.

## FILED Apr 01 1997 8:00am Secretary of State



Principal Place of Business Mailing Address 2937 SW 37 COURT 2937 SW 37 COURT MIAMI FL 33131 MIAMI FL 33134-7341					1 (40)(00) 470 (9	T CORNING IN THE HOURD OWN DEATH SOLIN SOLING BUILD HOURD WHILE WARDS WIN COOL			
						3. Date Incorpor 08/20/1996	ated or Qualified	3a. Date of Las	t Report
	lace of Business		2a, Mailing A			4, FEI Number		<u> </u>	Applied For
293	37 SW 37	COURT	26 293	37 Sw	37 COUR	r 65.06	91314		Not Applicabl
Suite, Apt			Suite, Apt	. #, etc.		5. Certificate of	Status Desired		5 Additional Required
	nlami	F/		to 713ml		6. Election Camp Trust Fund Co			00 May Be ad to Fees
Zip	<b></b>	Country	Zip		Country		ion has liability for in	· · ·	r s. 199.032,
4 3 <i>3</i>	131 25	U.S.M.	29  <u>3</u> 2/	3/ 3	10 U.S.A	Florida Statut		Yes XNo	
	<del></del>	Address of Curren	it Registered Agei	<u> </u>	81 Name	10. Name and A	ddress of New Reg	istered Agent	
	BIDES, BLANCA				oi Name				
	7 SW 37 COURT	,			82 Street	Address (P.O. Box Numb	er is Not Acceptabl	e)	
MIA	MI FL 33131				83				
					63				
					84 City	······································		FL 85 Z	ip Code
44 Durenant	to the evolutions	of Sections 607 050	2 and 607 1508 F	orida Statutos	the shove named	corporation submits this	statement for the ni		o its registere
agent La	am familiar with, an	id accept the oblig	ations of, Section 6	07.0505, Flori	da Statutes.	poration's board of direct			
SIGNATURE	Streamer Send or milit	ad name of solutions and	on and title it applicable	(NOTE:	Ragistered Agent signature	recy ired when reinstation)		DATE	
- <del> </del>	Signature typodice print	ed name of registered age OFFICERS AN		(NOTE: I		e required when reinstaling)  ADDITIONS/CI	ANGES TO OFFIC	DATE FRS AND DIRECT	ORS IN 12
12.	Signature Species print		D DIRECTORS	(NOTE: I	Hegistered Agent signature 13. 1.1 TITLE	ADDITIONS/CH	HANGES TO OFFIC	ERS AND DIRECT	
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1 do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(9)(i). Florida Statutes, 1 furner certify information indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under Lam 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 TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

(305) 44883 80