

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 13 1997 8:00am
Secretary of State

DOCUMENT # P 96000071610

1. Corporation Name

REINMEX FLORIDA, INC.

Principal Place of Business

Mailing Address

3. Date Incorporated or Qualified

08/28/1996

3a. Date of Last Report

2. Principal Place of Business

21 2655 LEJEUNE ROAD

2a. Mailing Address

26 2655 LEJEUNE ROAD

4. FEI Number

65-0715701

Applied For

Not Applicable

Suite, Apt. #, etc.

22 FIFTH FLOOR

Suite, Apt. #, etc.

27 FIFTH FLOOR

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

23 CORAL GABLES, FL

City & State

28 CORAL GABLES, FL

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip

24 33134

Country

25 US

Zip

29 33134

Country

30 US

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

YOLANDA VAZQUEZ

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

2655 LEJEUNE ROAD

83

FIFTH FLOOR

84 City

CORAL GABLES

FL

85 Zip Code

33134

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 607.0508, Florida Statutes.

SIGNATURE YOLANDA VAZQUEZ

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

30 1997

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

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STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

PRESIDENT

YOLANDA VAZQUEZ

2655 LEJEUNE ROAD, FIFTH FLOOR

CORAL GABLES FL 33134

☐ Change ☐ Addition

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14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

30 1997 305-567-0709

(Date)

Daytime Phone