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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P96000080260 (8)**

1. Corporation Name
REYNA-HANSA, INC

Principal Place of Business	Mailing Address
11430 TAMIAMI TRAIL E NAPLES FL 34113	11430 TAMIAMI TRAIL E NAPLES FL 34113-7915

3. Date Incorporated or Qualified: 09/26/1996
3a. Date of Last Report: THIS IS 1ST REPORT

2. Principal Place of Business	2a. Mailing Address
21	26 3501 Del Prado Blvd.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 SUITE # 306
City & State 23	City & State 28 CAPE CORAL, FL
Zip 24 / Country 25	Zip 29 33904 / Country 30 USA

4. FEI Number: 65-07497783 ☒ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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
PAPENFUSS, HANS 11430 TAMIAMI TRAIL E NAPLES FL 34113	81 Name: JOHN MICHAEL REYNA 82 Street Address (P.O. Box Number is Not Acceptable): 3501 Del Prado Blvd 83 SUITE # 306 84 City: CAPE CORAL, FL 85 Zip Code: 33904

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: J. Michael Reyna JOHN MICHAEL REYNA PRESIDENT 5-1-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	PAPENFUSS, HANS		1.2 NAME		
STREET ADDRESS	11430 TAMIAMI TRAIL E		1.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34113		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	REYNA, JOHN M		2.2 NAME		
STREET ADDRESS	9131 COLLEGE PKWY SUITE 13-B #219		2.3 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL 33919		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: J. Michael Reyna JOHN MICHAEL REYNA PRESIDENT 5-1-97