

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000080260

Corporation Name

REYNA-HANSA, INC

Principal Place of Business

11430 TAMiami TRAIL E
NAPLES FL 34113

Mailing Address

3501 DEL PRADO BLVD
STE 306
CAPE CORAL FL 33904
US

Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

26 4911 SANTA MONICA CT.

Suite, Apt. #, etc.

27

City & State

28 CAPE CORAL, FLORIDA

Zip

Country

29 33904

Country

30 USA

9. Name and Address of Current Registered Agent

REYNA, JOHN MICHAEL
4911 SANTA MONICA CT.
CAPE CORAL FL 33904

3. Date Incorporated or Qualified

09/26/1996

4. FEI Number

65-0749783

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 owes the current year
Intangible Personal Property.

☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

1.1 TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.2 TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.3 TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.4 TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.5 TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.6 TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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.

SIGNATURE:

John Michael Reyna

8-27-99

(941) 848-6137

FILED
Aug 31, 1999 8:00 am
Secretary of State

08-31-1999 90003 015 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (5/99)

REYNA-HANSA, Inc.

P96000080260

610963

4911 Santa Monica Court
Cape Coral, Florida 33904
U.S.A.

Phone: 941-848-6137
Toll Free: 888-RBC-TOOL
(888-722-8665)
Fax: 941-549-2288

Friday, August 27, 1999

Florida Department of State
Division of Corporations
Annual Reports Filings
PO Box 1500
Tallahassee, FL 32302-1500

Re: Annual Report

Dear Annual Reports Section:

Enclosed herewith is our annual report for 1999 along with our check in the amount of \$150.00. Please be advised that I just received your 1999 Profit Corporation Annual Report Packet. It seems the Packet went to our old mailing address and was misplaced or mishandled at that location by third parties over whom we had no control. Therefore, it is respectfully requested that you waive the penalty sum in light of the circumstances surrounding this filing.

If you should have any questions whatsoever kindly contact the undersigned at your earliest conveniences. Your valuable time and understanding in this matter are greatly appreciated.

Reyna-Hansa, Inc.

By: *John Michael Reyna*
John Michael Reyna
Director/Registered Agent