## 5-1.98 B- 6183 -c

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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000080432 (3)

HANDY-R INTERNATIONAL, CO.

Principal Place of Business 1140 DOUGLAS ROAD PEMBROKE PINES FL 33024

2. Principal Place of Business

Suite, Apt. #, etc.

SIGNATURE:

City & State

21

22

23

Mailing Address

2s. Mailing Address

City & State

Suite, Apt. #, etc.

26

28

1140 DOUGLAS ROAD PEMBROKE PINES FL 33024

**FILED** May 01 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

3. Date Incorporated or Qualified 09/27/1996

65-0698326

5. Certificate of Status Desired

6. Election Campaign Financing

MR. RAPPIGL REYNOSO, Pars. 04/22/58 (954) 481-1000

Trust Fund Contribution

4. FFI Number

		<del> </del> -				
Zip	Country	Zip		Country		8. This corporation owes or has paid the current year Intangible
24	[25] [29] [30]		30	<u></u>		Personal Property Tax due June 30. Yes No
	9, Name and Address of Curren	1 Hegistered Agent		100	<del></del>	10. Name and Address of New Registered Agent
LANIA, JOSEPH S CPA P				81	Name	
8982 TAFT ST				82 Street Address (P.O. Box Number is Not Acceptable)		
PEMBROKE PINES FL 33025						
				83		
				84	City	85 Zip Code
						FL
office or r	to the provisions of Sections 607.050, registered agent, or both, in the State am familiar with, and accept the obliga	of Florida, Such change	was authorize	d by	the corpor	orporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable	(NOTE Registers	ed Age	nt signature rec	quired when reinstating) DATE
12.	OFFICERS AND		13.	_ <u>=</u> ~		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PSD	☐ DELE		ITLE		Change Additio
NAME	REYNOSO, RAFAEL		1.2 M	AME	l	
STREET ADDRESS	1140 DOUGLAS ROAD		1.3 9	TREET	ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL 33024		1.4 0	HTY-S	T-ZIP	
TITLE	VID	DELE	TE 2.1 7	ITLE		Change Addition
NAME	REYNOSO, JOSEFINA M		2.2 M	IAME		
STREET ADDRESS	1140 DOUGLAS ROAD		2.3 \$	TREET	ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL 33024		2.41	CITY-S	ST-ZIP	
TITLE	V	☐ DELE	TE 3.1 T	ITLE		Change Addition
NAME	FUENTES, EMILIO		3.2 N	IAME		
STREET ADDRESS	1140 DOUGLAS ROAD		3.3 \$	TREET	ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL 33024		3.4.1	CITY-S	57-ZIP	
TITLE		☐ DELE	TE 4.1 T	ITLE		☐ Change ☐ Addition
NAME			4.21	MAME		
STREET ADDRESS			4.3 S	TREET	ADDRESS	
CITY-ST-ZIP				лγ-ѕ	T-21P	
TITLE		C DELE	TE 5.1 T	ITLE		Change Addition
NAME			5.2 A	IAME	İ	
STREET ADDRESS			535	TREET	ADORESS	
CITY-ST-ZIP				ITY-S	T-ZIP	
TITLE		DELE	TE 6.1 T	ITLE		Change Addition
NAME			6.2 N	AME		
STREET ADDRESS			635	TREET	ADDRESS	
CITY - ST - ZIP			640	ny-si	Γ- <b>Ζ</b> ΙΡ	
indicated officer or	on this annual report or supplementa	l annual report is true ar	nd accurate an	d the	at my signai	in Section 119.07(3)(i), Florida Statutes. I further certify that the information ture shall have the same legal effect as if made under oath; that I am an equired by Chapter 607, Florida Statutes; and that my name appears in