

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

FILED
Jul 08, 1999 8:00 am
Secretary of State

07-08-1999 90016 049 ***150.00

DOCUMENT # **P97000057965** ✓

1. Corporation Name

FINANCIAL REIMBURSEMENT EXECUTIVES, INC.

Principal Place of Business

**120 NE 207 STREET
NORTH MIAMI FL 33179**

Mailing Address

**2120 NE 207 STREET
NORTH MIAMI FL 33179
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/02/1997

4. FEI Number

65-0764907

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

9. Name and Address of Current Registered Agent

**RODRIGUEZ, VICKY P
2120 NE 207 ST
MIAMI FL 33179**

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

I, 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

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

LE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME	RODRIGUEZ, VICKY P		1.2 NAME	
REET ADDRESS	2120 NE 207 STREET		1.3 STREET ADDRESS	
Y-ST-ZIP	NORTH MIAMI FL 33179		1.4 CITY-ST-ZIP	
E	PD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME	PIRE, BARBARA		2.2 NAME	
REET ADDRESS	2120 NE 207 STREET		2.3 STREET ADDRESS	
Y-ST-ZIP	NORTH MIAMI FL 33179		2.4 CITY-ST-ZIP	
E		<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME			3.2 NAME	
REET ADDRESS			3.3 STREET ADDRESS	
Y-ST-ZIP			3.4 CITY-ST-ZIP	
E		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME			4.2 NAME	
REET ADDRESS			4.3 STREET ADDRESS	
Y-ST-ZIP			4.4 CITY-ST-ZIP	
E		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME			5.2 NAME	
REET ADDRESS			5.3 STREET ADDRESS	
Y-ST-ZIP			5.4 CITY-ST-ZIP	
E		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME			6.2 NAME	
REET ADDRESS			6.3 STREET ADDRESS	
Y-ST-ZIP			6.4 CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Vicky P. Rodriguez **Vicky P. Rodriguez** 7/1/99 (305) 867-8679

CR2E034 (5/99)

S83463-90016-49

P97000057965

FINANCIAL REIMBURSEMENT EXECUTIVES, INC.

2120 NE 207th Street
North Miami Beach, FL 33179
Phone (305) 867-8679

July 1, 1999

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: FEI # 650764907

To Whom It May Concern:

Enclosed please find a check in the amount of \$150.00 for the 1999 annual report. I am writing this letter to inform you that I did not receive a previous notice to this one, that states it is a SECOND NOTICE, and therefore I am not submitting the late fee. I definitely would not disregard a first notice in this important matter. If there are any questions, please feel free to contact me at (305) 867-8679. Thank you for your assistance in this matter.

Sincerely,



Vicky F. Rodriguez
President

Enclosures