


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

**FILED**  
**Aug 02, 1999 8:00 am**  
**Secretary of State**

08-02-1999 90008 003 \*\*\*155.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

DOCUMENT # **P97000070230**

1. Corporation Name  
**REYNALD KATZ, INC.**

**NEW ADDRESS !**



Principal Place of Business Mailing Address  
~~13499 BISCAYNE BLVD SUITE M7 NORTH MIAMI FL 33181~~ ~~13499 BISCAYNE BLVD SUITE M7 NORTH MIAMI FL 33181~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	11755 Biscayne Blvd.	26	11755 Biscayne Blvd.	08/13/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
# 201		# 201		65-0774680	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
North Miami, FL		North Miami, FL		6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees	
Zip Country		Zip Country		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24	33181	25	DADE	29	33181
		30	USA		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
KATZ, REYNALD 13499 BISCAYNE BLVD SUITE M7 NORTH MIAMI FL 33181				81 Name KATZ, REYNALD			
				82 Street Address (P.O. Box Number is Not Acceptable) 11755 Biscayne Blvd.			
				83 Suite # 201			
				84 City North Miami, FL			
				85 Zip Code 33181			

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	President/Director <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KATZ, REYNALD	1.2 NAME	Reynald Katz
STREET ADDRESS	13499 BISCAYNE BLVD SUITE M7	1.3 STREET ADDRESS	11755 Biscayne Blvd. #201
CITY-ST-ZIP	NORTH MIAMI FL 33181	1.4 CITY-ST-ZIP	NORTH MIAMI, FL 33181
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: \_\_\_\_\_ SIGNATURE REQUIRED 7-26-99  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0262261

CR2E034 (11/98)

