PROFIT CORPORATION ANNUAL REPORT

1999



DOCUMENT # P98000032886

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mar 25, 1999 8:00 am Secretary of State

03-25-1999 90040 018 ***150.00

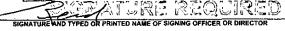
REID ENTERPRISES COMPANY						ļ			
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	<u>. </u>		_		_		(الله المراجع	A HIIND 1188 1 178 BY	
Principal Place of Business Mailing Address									
444 BRICKELL AVENUE 444 BRICKELL AVENUE								•	
SUITE 51-101 SUITE 51-101 MIAMI FL 33131 MIAMI FL 33131							DO NOT WRITE IN THIS	SPACE	
MIAMI FL 33131 MIAMI FL 33131						-	3. Date Incorporated or Qualifed		
							04/09/1998		
2. Principal Pl	ace of Business	2a. Mailing Address	a. Mailing Address				4. FEI Number	Ap	plied For
21		26			ļ	59-3488127	No	t Applicable	
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75	Additional	
22						5. Certificate of Status Desired	Fee Re	equired	
City & State	9	City & State	City & State			ļ	6. Election Campaign Financing	\$5.00	
23		28			_		Trust Fund Contribution	Added t	to Fees
Zip	Country	Zip		untry		İ	8. This corporation owes the current year Ir		<u> </u>
24	25	29	30		_		Personal Property Tax.	Yes	Mo
	9. Name and Address of Current	Registered Agent	_	104			10. Name and Address of New Registered	Agent	_
4440	v přip			81	Name				}
MACK, REID				82	Street A	Addres	s (P.O. Box Number is Not Acceptable)		
444 BRICKELL AVENUE									_
SUITE 51-101				83					
MIAMI FL 33131 .				84	City			85 Zip (Code
					_		FI		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation of the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation of the provisions of Section 11.						corporation?	ation submits this statement for the purpose of is board of directors. I hereby accept the appo	r changing its intment as re	gistered
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, F	lorida Sta	tutes.			•		
SIGNATURE		•			_		then reinstating) DATE		\
	Signature, typed or printed name of registered agent		TE: Registere	_	t signature re	ednicea #	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	DRS IN 12
12.	OFFICERS AND	DELETE		TITLE			ADDITIONS/CHANGES TO OFFICENCY	☐ Change	Addition
TITLE				NAME					
NAME	444 BRICKELL AVENUE, SUITE	E1.101	l l		raddress				
STREET ADDRESS		31-101							
CITY-ST-ZIP	MIAMI FL 33131	☐ DELETE		CITY-\$1	1-21			Change	Addition
TITLE .	i		VAME						
NAME					TADORESS	l		~,	í
STREET ADDRESS			2.4 CITY-ST-ZIP						
CITY-ST-ZIP TITLE				3.1 TITLE		7 .		_ Change	Addition
[,		NAME	1				
NAME					TADDRESS	i			
STREET ADDRESS				CITY-S					
CITY-ST-ZIP TITLE		☐ DELETE		TILE	,,-,,,			☐ Change	Addition
NAME				NAME			•	•	ļ
STREET ADDRESS					TADDRESS				
l i	` .			CITY-S				•	İ
CITY-ST-ZIP TITLE		DELETE		TITLE				Change	Addition .
NAME				NAME	1			•	•
STREET ADDRESS			5.3 \$	STREET	T ADDRESS				
CITY-ST-ZIP	<i>'</i>		5.4 0	CITY-S	T-ZIP				
TITLE		☐ DELETE		TITLE				☐ Change	Addition
	•		621	MARKE		l			

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.

6.3 STREET ADDRESS

6.4 C/TY-ST-ZIP

STREET ADDRESS



305-460-3310