

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90293 044 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000099278			
1. Corporation Name REY'S INSURANCE, INC.			
Principal Place of Business P.O. Box 351178 Miami, FL 33135		Mailing Address P.O. Box 351178 Miami, FL 33135	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business		3. Date Incorporated or Qualified 11/23/1998	
2a. Mailing Address		4. FEI Number	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip		28 Zip	
24 Country		29 Country	
25		30	
9. Name and Address of Current Registered Agent SANCHELIMA, JESUS 235 S.E. Le Jeune Road Miami, FL 33134		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
85 Zip Code		FL	
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 <i>[Signature]</i> DATE			
12. OFFICERS AND DIRECTORS			
TITLE	PD	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	RODRIGUEZ, RAMON	1.1 TITLE	
STREET ADDRESS	3640 S.W. 130th Avenue	1.2 NAME	
CITY-ST-ZIP	Miami, FL 33175	1.3 STREET ADDRESS	
TITLE	SD	1.4 CITY-ST-ZIP	
NAME	RODRIGUEZ, MARGARITA	2.1 TITLE	
STREET ADDRESS	3640 S.W. 130th Avenue	2.2 NAME	
CITY-ST-ZIP	Miami, FL 33175	2.3 STREET ADDRESS	
TITLE		2.4 CITY-ST-ZIP	
NAME		3.1 TITLE	
STREET ADDRESS		3.2 NAME	
CITY-ST-ZIP		3.3 STREET ADDRESS	
TITLE		3.4 CITY-ST-ZIP	
NAME		4.1 TITLE	
STREET ADDRESS		4.2 NAME	
CITY-ST-ZIP		4.3 STREET ADDRESS	
TITLE		4.4 CITY-ST-ZIP	
NAME		5.1 TITLE	
STREET ADDRESS		5.2 NAME	
CITY-ST-ZIP		5.3 STREET ADDRESS	
TITLE		5.4 CITY-ST-ZIP	
NAME		6.1 TITLE	
STREET ADDRESS		6.2 NAME	
CITY-ST-ZIP		6.3 STREET ADDRESS	
TITLE		6.4 CITY-ST-ZIP	
NAME			
STREET ADDRESS			
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, on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* Jesus Sanchelima

4/29/99

305-207-1711

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)