

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

DOCUMENT # **P98000105821**

1. Corporation Name

RECLASS, INC.

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

07-08-1999 90008 010 ***150.00



Principal Place of Business

Mailing Address

**1893 NORTHEAST 159TH STREET
N MIAMI BEACH FL 33162**

**1893 NORTHEAST 159TH STREET
N MIAMI BEACH FL 33162**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/22/1998

4. FEI Number

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

81 Name

CARLOS MENDONCA

82 Street Address (P.O. Box Number is Not Acceptable)

1893 NE 159th street

83

84 City

N. MIAMI BEACH

FL

85 Zip Code

33162

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

7/1/99

12. OFFICERS AND DIRECTORS

TITLE **PSTD** ☐ DELETE

NAME **MENDONCA, CARLOS**

STREET ADDRESS **1893 NORTHEAST 159TH STREET**

CITY-ST-ZIP **N MIAMI BEACH FL 33162**

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

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CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME ☐ Change ☐ Addition

1.3 STREET ADDRESS ☐ Change ☐ Addition

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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.

SIGNATURE:

CARLOS MENDONCA

7/1/99

CR2E034 (5/99)

P98000105821
583024-90008-10

RECLASS, INC.
1893 NE 159TH Street
N. Miami Beach, FL 33162

July 1, 1999

Dept of State
Division of Corporations
PO Box 1500
Tallahassee, FL 32302-1500

Dear Representative,

Included is the Corporate Annual Report which I just received two days ago. This is the first time I receive any correspondence from the State. Your notice states "Second Notice" but I assure you that did not receive a first notice in the past. Please see the affidavit attached. As such, please accept this check for \$150.00 to process my 1999 Corporate Annual Report. I anticipate your favorable response.

Sincerely,


Carlos Mendonca
President

P98000105821
583024-90008-10

AFFIDAVIT

BE IT ACKNOWLEDGED, that **Carlos Mendonca** of **North Miami Beach**, Florida, the undersigned deponent, being of legal age, does hereby depose and say under oath as follows:

I did not receive by mail or any other mode a first notification from the Division of Corporation pertaining to the 1999 Corporate Annual Report.

And I affirm that the foregoing is true except as to statements made upon information and belief, and as to those I believe them to be true.

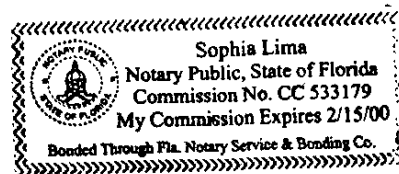
Witness my hand under the penalties of perjury this 1st day of July, 1999.

Carlos Mendonca
Name
1893 NE 159th Street
Address
N. MIAMI BEACH FL 33162

STATE OF FLORIDA COUNTY OF DADE

On **July 1, 1999** before me, Sophia Lima, personally appeared **Carlos Mendonca**, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is in his/her authorized capacity, and that by his/her signature on this instrument the person, or entity upon which this person acted, executed this instrument. WITNESS my hand and official seal.

Sophia Lima
Sophia Lima



Affiant ☒ Known

☐ Unknown Organization
ID Produced _____