

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000036350 1. Entity Name REHAU INTERNATIONAL N.V., INC.					
Principal Place of Business 717 PONCE DE LEON BLVD. STE. 234 CORAL GABLES FL 33134			Mailing Address 717 PONCE DE LEON BLVD. STE. 234 CORAL GABLES FL 33134		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
6. Name and Address of Current Registered Agent FABRE, FRANK R 717 PONCE DE LEON BLVD. STE. 234 CORAL GABLES FL 33134				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HENRIQUEZ, MARIO 777 BRICKELL AVE # 1390 MIAMI FL 33131		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete U00000127666 04/26/04-80007-025 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FABRE, FRANK R 717 PONCE DE LEON BLVD. STE. 234 CORAL GABLES FL 33134		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete ☐ Change ☐ Addition	
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MOORE CR2E034 (11/03)

4. FEI Number **52-1362115** Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Frank R. S. Fabre
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/04 305-446-3266
Date Daytime Phone #