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FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90205 023 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # S01531

1. Corporation Name
REPETE, INC.

Principal Place of Business

71 SE 1 AVE
BOCA RATON FL 33432
US

Mailing Address

71 SE 1 AVE
BOCA RATON FL 33432
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/21/1990

4. FEI Number

65-0126440

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 Tax.

Yes ☒ No ☐

9. Name and Address of Current Registered Agent

CALLACE, ANNE
71 SE FIRST AVENUE
BOCA RATON FL 33432

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

4-1-99

12. OFFICERS AND DIRECTORS

TITLE PVT
NAME STEELE, MICHELE
STREET ADDRESS 71 SE 1 AVE
CITY-ST-ZIP BOCA RATON FL

DELETE

TITLE SD
NAME STEELE, MICHELE
STREET ADDRESS 71 SE 1 AVE
CITY-ST-ZIP BOCA RATON FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PVT
1.2 NAME CALLACE, ANNE
1.3 STREET ADDRESS 71 SE 1st Ave.
1.4 CITY-ST-ZIP BOCA RATON, FL. 33432

Change ☒ Addition ☐

2.1 TITLE SD
2.2 NAME CALLACE, ANNE
2.3 STREET ADDRESS 71 SE 1st Ave.
2.4 CITY-ST-ZIP BOCA RATON, FL. 33432

Change ☒ Addition ☐

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change ☐ Addition ☐

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change ☐ Addition ☐

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change ☐ Addition ☐

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Date

Daytime Phone #

4-1-99

CR2E034 (1/1/98)