

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



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

FILED Jun 09, 2000 8:00 am Secretary of State

06-09-2000 90008 027 ***158.75

DOCUMENT # S48616

1. Corporation Name JORGE L. REYES, C.P.A., P.A.

Principal Place of Business 6436 S.W. 24TH ST. MIAMI FL 33155 Mailing Address 6436 S.W. 24TH ST. MIAMI FL 33155

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/29/1991 4. FEI Number 65-0285221 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

2. Principal Place of Business 2a. Mailing Address 21 Suite, Apt. #, etc 26 Suite, Apt. #, etc 22 City & State 27 City & State 23 Zip Country 25 Zip Country 24 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

REYES, JORGE L. 6495 S.W. 24 ST. MIAMI FL 33155

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 607.0506, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating) DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Table with columns for Officers and Directors (12) and Additions/Changes to Officers and Directors in 12 (13). Includes fields for Title, Name, Street Address, City-St-Zip, and checkboxes for Delete, Change, and 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 checked or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] 5-1-00 Date Daytime Phone #

CR2E034 (1/1/98)