

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S95073 (0)

1. Corporation Name

REITES-FERNANDEZ, INC.



Principal Place of Business

**10509 LAKE WILLIAMS DRIVE
ODESSA FL 33556**

Mailing Address

**PO BOX 271830
TAMPA FL 33688
US**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**FERNANDEZ, ELIDO JR.
7615 LAKE CYPRESS DR
ODESSA FL 33556**

3. Date Incorporated or Qualified

11/19/1991

3a. Date of Last Report

06/13/1995

4. FEI Number

59-3096133

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

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 (if not applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	REITES, WILLIAM D	
STREET ADDRESS	10509 LAKE WILLIAMS DR.	
CITY - ST - ZIP	ODESSA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FERNANDEZ, ELIDO JR.	
STREET ADDRESS	7615 LAKE CYPRESS DR	
CITY - ST - ZIP	ODESSA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	FERNANDEZ, ELIDO JR	
3. STREET ADDRESS	7615 LAKE CYPRESS DR.	
4. CITY - ST - ZIP	ODESSA, FL 33556	
5. TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	REITES, WILLIAM D	
7. STREET ADDRESS	10509 LAKE WILLIAMS DR.	
8. CITY - ST - ZIP	ODESSA, FL 33556	
9. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		
11. STREET ADDRESS		
12. CITY - ST - ZIP		
13. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		
15. STREET ADDRESS		
16. CITY - ST - ZIP		
17. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME		
19. STREET ADDRESS		
20. CITY - ST - ZIP		
21. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME		
23. STREET ADDRESS		
24. CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

42296 8139208716

Date

Daytime Phone #

CR2E034 (12/95)