FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

1995

APPROVED AND FILED

95 FEB 20 PM 4:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V07773 (7)

1. REIZONZ CORPORATION

Principal Office	Mailing Address
C/O PACKMAN, NEUWAHL 1500 SAN REMO AVENUE, SUITE 125 CORAL GABLES FL 33146	C/O PACKMAN, NEUWAHL 1500 SAN REMO AVENUE, SUITE 125 CORAL GABLES FL 33146

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/21/1992
3a. Date of Last Report: 07/12/1994

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: 65-3458701 ☐ 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

9. Name and Address of Current Registered Agent

GLINSKY, MICHAEL
2655 LEJEUNE ROAD
SUITE 1111
CORAL GABLES FL 33134

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: (NOTE: Registered Agent signature required when reinstated) DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.	
TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	REIFER, EDUARDO	12 NAME	
STREET ADDRESS	PLAZA COLONIAL ESCAZU	13 STREET ADDRESS	
CITY-ST-ZIP	SAN JOSE, COSTA RICA	14 CITY-ST-ZIP	
TITLE	DVP	21 TITLE	☐ Change ☐ Addition
NAME	REIFER, JORGE	22 NAME	
STREET ADDRESS	CALLE LANG, SABANA SUR	23 STREET ADDRESS	
CITY-ST-ZIP	SAN JOSE, COSTA RICA	24 CITY-ST-ZIP	
TITLE	DS	31 TITLE	☐ Change ☐ Addition
NAME	REIFER, MARIO	32 NAME	
STREET ADDRESS	SABANA NORTE, BLVD ICE	33 STREET ADDRESS	
CITY-ST-ZIP	SAN JOSE, COSTA RICA	34 CITY-ST-ZIP	
TITLE	DT	41 TITLE	☐ Change ☐ Addition
NAME	REIFER, ALBERTO	42 NAME	
STREET ADDRESS	CARRETERA PRINCIPAL PAVAS	43 STREET ADDRESS	
CITY-ST-ZIP	SAN JOSE, COSTA RICA	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. For profit corporations only. The information supplied with this filing is voluntarily furnished and 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 11 or Block 14 if changed, or on an attachment with an address.

SIGNATURE: Alberto Reifer ALBERTO REIFER 16/2/95 (506) 220-1659
SIGNATURE AND TITLE OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #

0100133 CP