

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

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **V07773** (7)

1. Corporation Name  
**REIZONZ CORPORATION**



Principal Place of Business Mailing Address  
**C/O PACKMAN, NEUWAHL  
1500 SAN REMO AVENUE, SUITE 125  
CORAL GABLES FL 33146**

3. Date Incorporated or Qualified **01/21/1992** 3a. Date of Last Report **02/28/1995**

21	22	23	24	25	26	27	28	29	30	4.	5.	6.	8.
Principal Place of Business		Mailing Address		FEI Number		Certificate of Status Desired		Election Campaign Financing		Date of Last Report		Trust Fund Contribution	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		65-3458701		<input type="checkbox"/>		<input type="checkbox"/>		Applied For		Not Applicable	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/>		<input checked="" type="checkbox"/>		Additional Fee Required		\$8.75	
Zip		Country		Zip		Country		Added to Fees		\$5.00		May Be Added to Fees	
25		29		30		30		Yes		No		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
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 fee if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REIFER, EDUARDO	1.2 NAME	
STREET ADDRESS	PLAZA COLONIAL ESCAZU	1.3 STREET ADDRESS	
CITY-ST-ZIP	SAN JOSE, COSTA RICA	1.4 CITY-ST-ZIP	
TITLE	DVP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REIFER, JORGE	2.2 NAME	
STREET ADDRESS	CALLE LANG, SABANA SUR	2.3 STREET ADDRESS	
CITY-ST-ZIP	SAN JOSE, COSTA RICA	2.4 CITY-ST-ZIP	
TITLE	DS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REIFER, MARIO	3.2 NAME	
STREET ADDRESS	SABANA NORTE, BLVD ICE	3.3 STREET ADDRESS	
CITY-ST-ZIP	SAN JOSE, COSTA RICA	3.4 CITY-ST-ZIP	
TITLE	DT	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REIFER, ALBERTO	4.2 NAME	
STREET ADDRESS	CARRETERA PRINCIPAL PAVAS	4.3 STREET ADDRESS	
CITY-ST-ZIP	SAN JOSE, COSTA RICA	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 on an attachment with an address.

SIGNATURE:

*Alberto Reifer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

19/02/1992

Date

(506) 220-1859

Daytime Phone #

CR2E034 (12/95)