

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR -7 PM 1:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 614942 (1)

1. Corporation Name
CLIENTELE, INC.

Principal Place of Business 5207 NW 163RD STREET MIAMI FL 33014	Mailing Address 5207 NW 163RD STREET MIAMI FL 33014
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 03/13/1979	3a. Date of Last Report 01/31/1994
4. FEI Number 59-1903832	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21. 14101 NW 4 ST 22. Suite, Apt. #, etc. 23. City & State: SUNRISE, FL 24. Zip: 33325 25. Country	2a. Mailing Address 26. 14101 NW 4 ST 27. Suite, Apt. #, etc. 28. City & State: SUNRISE, FL 29. Zip: 33325 30. Country
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9. Name and Address of Current Registered Agent
RILEY, PATRICIA
5207 NW 163RD ST.
MIAMI FL 33014

10. Name and Address of New Registered Agent

81. Name RILEY, PATRICIA
82. Street Address (P.O. Box Number is Not Acceptable) 14101 NW 4 ST
83.
84. City SUNRISE
85. Zip Code FL 33325

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]* 3-1-95

12. OFFICERS AND DIRECTORS

TITLE: PD	NAME: RILEY, PATRICIA	STREET ADDRESS: 5207 NW 163RD STREET	CITY-ST-ZIP: MIAMI, FL 00000
TITLE: ST	NAME: RILEY, FRANCIS X	STREET ADDRESS: 5207 NW 163RD STREET	CITY-ST-ZIP: MIAMI, FL 00000
TITLE: D	NAME: RILEY, HELEN	STREET ADDRESS: 5207 NW 163RD STREET	CITY-ST-ZIP: MIAMI, FL 00000
TITLE:	NAME:	STREET ADDRESS:	CITY-ST-ZIP:
TITLE:	NAME:	STREET ADDRESS:	CITY-ST-ZIP:
TITLE:	NAME:	STREET ADDRESS:	CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	14101 NW 4 ST
1.4 CITY-ST-ZIP	SUNRISE, FL 33325
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	(DELETE)
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	(DELETE)
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 presented 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. I am an officer or director of the corporation or the person or persons 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 my deletions.

SIGNATURE: *[Signature]* 3-1-95 303-624-6665