

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

1995 MAR -2 PM 1:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P93000011689 (5)**

1. Corporation Name  
**RELIEVE INTERNATIONAL, INC.**

Principal Place of Business <b>% RICARDO E. PINES, P.A. 3301 PONCE DE LEON BLVD., #200 CORAL GABLES FL 33134</b>	Mailing Address <b>% RICARDO E. PINES, P.A. 3301 PONCE DE LEON BLVD., #200 CORAL GABLES FL 33134</b>
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500001423435

-03/07/95--01126--017

DO NOT WRITE IN THIS SPACE \$200.00

3. Date Incorporated or Qualified <b>02/08/1993</b>	3a. Date of Last Report <b>05/01/1994</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2b. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	4. FEI Number <b>65-0396453</b>	Applied For Not Applicable
9. Name and Address of Current Registered Agent <b>PINES, RICARDO E 3301 PONCE DE LEON BLVD. SUITE 200 CORAL GABLES FL 33134</b>		10. Name and Address of New Registered Agent	

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 <b>PINES, RICARDO E 3301 PONCE DE LEON BLVD. SUITE 200 CORAL GABLES FL 33134</b>		81 Name	10. Name and Address of New Registered Agent	
		82 Street Address (P.O. Box Number is Not Acceptable)		
		83		
		84 City	<b>FL</b>	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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and (if applicable) (NOTE: Registered Agent signature required when remaining)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PSD</b>	NAME <b>SUAREZ, LEWIS</b>	1.1 TITLE <b>PSD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>3301 PONCE DE LEON BLVD / STE - 200</b>	CITY-ST-ZIP <b>CORAL GABLES FL</b>	1.2 NAME <b>ZUCCARO, Arnaldo</b>	
		1.3 STREET ADDRESS <b>3301 Ponce de Leon Blvd. / Ste 200</b>	
		1.4 CITY-ST-ZIP <b>Coral Gables, FL 33134</b>	
TITLE <b>VPTD</b>	NAME <b>ZUCCARO, ARNALDO</b>	2.1 TITLE <b>VPD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>3301 PONCE DE LEON BLVD / STE - 200</b>	CITY-ST-ZIP <b>CORAL GABLES FL</b>	2.2 NAME <b>ZUCCARO, Arnaldo</b>	
		2.3 STREET ADDRESS <b>3301 Ponce de Leon Blvd. / Ste. 200</b>	
		2.4 CITY-ST-ZIP <b>Coral Gables, FL 33134</b>	
TITLE	NAME	3.1 TITLE <b>TD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	3.2 NAME <b>ZUCCARO, Paolo</b>	
		3.3 STREET ADDRESS <b>3301 Ponce de Leon Blvd. / Ste. 200</b>	
		3.4 CITY-ST-ZIP <b>Coral Gables, FL 33134</b>	
TITLE	NAME	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
TITLE	NAME	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE <b>2015</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	6.2 NAME <b>3-2</b>	
		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 118.07(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 omitted in conjunction with an address.

SIGNATURE:  **PRESIDENTE** Date: **Feb. 17, 1995** Telephone: **(305) 8566730**