

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P93000011689 (5)**

1. Corporation Name
RELIEVE INTERNATIONAL, INC.



Principal Place of Business Mailing Address
~~% RICARDO E. PINES, P.A.
3301 PONCE DE LEON BLVD - #200
CORAL GABLES FL 33134~~ ~~% RICARDO E. PINES, P.A.
3301 PONCE DE LEON BLVD - #200
CORAL GABLES FL 33134~~

2. Principal Place of Business 2a. Mailing Address
21 **2503 Coral Way** 26 **2503 Coral Way**
Suite, Apt., etc. Suite, Apt., etc.
22 27
City & State City & State
23 **Miami, FL** 28 **Miami, FL**
Zip Zip Country Country
24 **33145** 25 **U.S.A** 29 **33145** 30 **U.S.A**

3. Date of Incorporation: **02/08/1993** 3a. Date of Last Report: **03/02/1995**
4. Fil. Number: **65-0396453** Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under S. 196.032, Florida Statutes: Yes No
10. Name and Address of New Registered Agent

**PINES, RICARDO E
3301 PONCE DE LEON BLVD.
SUITE 200
CORAL GABLES FL 33134**

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 607.012 and 607.013, Florida Statutes, the above named corporation hereby certifies that the purpose of changing its registered office or registered agent, or both, to the State of Florida is not being done for the purpose of evading the provisions of the Florida Statutes. I hereby accept the appointment as registered agent. I am:

SIGNATURE: *[Signature]*

12. OFFICERS AND DIRECTORS

| | | |
|-----------------|--|---------------------------------|
| TITLE | PSD | <input type="checkbox"/> Delete |
| NAME | ZUCCARO, ARNALDO | |
| STREET ADDRESS | 3301 PONCE DE LEON BLVD / STE - 200 | |
| CITY - ST - ZIP | CORAL GABLES FL 33134 | |
| TITLE | VPD | <input type="checkbox"/> Delete |
| NAME | ZUCCARO, CAMILO | |
| STREET ADDRESS | 3301 PONCE DE LEON BLVD / STE - 200 | |
| CITY - ST - ZIP | CORAL GABLES FL | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | ZUCCARO, PAOLO | |
| STREET ADDRESS | 3301 PONCE DE LEON BLVD / STE - 200 | |
| CITY - ST - ZIP | CORAL GABLES FL 33134 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|-----------------|------------------|--|
| TITLE | PSD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Zuccaro, Arnaldo | |
| STREET ADDRESS | 2503 Coral Way | |
| CITY - ST - ZIP | Miami, FL 33145 | |
| TITLE | VPD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Zuccaro, Camilo | |
| STREET ADDRESS | 2503 Coral Way | |
| CITY - ST - ZIP | Miami, FL 33145 | |
| TITLE | TD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Zuccaro, Paolo | |
| STREET ADDRESS | 2503 Coral Way | |
| CITY - ST - ZIP | Miami, FL 33145 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

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-03/29/96--01042--009
***200.00

[Handwritten Signature]
3-28-96
278

SIGNATURE: *[Signature]* ARNALDO ZUCCARO 3/20/96 856-6730
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)