

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**May 05 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra S. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000019706 (6)**

1. Corporation Name  
**RALIS, INC.**



Principal Place of Business <b>14701 S.W. 73RD TERRACE                  MIAMI FL 33193</b>	Mailing Address <b>14701 S.W. 73RD TERRACE                  MIAMI FL 33193-1122</b>
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3. Date Incorporated or Qualified <b>02/29/1996</b>	3a. Date of Last Report
4. FEI Number <b>65-0647877</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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 <b>950 W 23 ST</b> Suite, Apt #, etc.	2a. Mailing Address 26 <b>950 W 23 ST</b> Suite, Apt #, etc.
22 City & State <b>Hialeah FL</b>	27 City & State <b>Hialeah FL</b>
24 Zip <b>33010</b>	25 Country <b>Dade</b>
29 Zip <b>33010</b>	30 Country <b>Dade</b>

9. Name and Address of Current Registered Agent <b>Perez, Margarita                  14701 S.W. 73RD TERRACE                  MIAMI FL 33193</b>	10. Name and Address of New Registered Agent 81 Name <b>Lindsay Dunkley</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>717 Ponce de Leon Blvd</b> 83 <b>Suite 325 A</b> 84 City <b>Coral Gables</b> <b>FL</b> 85 Zip Code
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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: *Lindsay Dunkley* **Lindsay Dunkley** DATE: **4/23/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>Perez, Margarita</b>		1.2 NAME <b>Jose Perez</b>	
STREET ADDRESS <b>14701 S.W. 73RD TERRACE</b>		1.3 STREET ADDRESS <b>14701 SW 73 TERRACE</b>	
CITY-ST-ZIP <b>MIAMI FL 33193</b>		1.4 CITY-ST-ZIP <b>MIAMI FL 33193</b>	
TITLE <b>VD</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <b>VD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>TIELES, MARIA</b>		2.2 NAME <b>Humberto Tieleles</b>	
STREET ADDRESS <b>14701 S.W. 73RD TERRACE</b>		2.3 STREET ADDRESS <b>16328 S.W. 77 LANE #101</b>	
CITY-ST-ZIP <b>MIAMI FL 33193</b>		2.4 CITY-ST-ZIP <b>MIAMI FL 33193</b>	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Jose Perez* **Jose Perez** DATE: Daytime Phone #

**0263008**

CR2E034 (9/96)