

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

FILED
Apr 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000019706 (6)
 1. Corporation Name
RALIS, INC.



Principal Place of Business 950 W 23 ST HIALEAH FL 33010 US	Mailing Address 950 W 23 ST HIALEAH FL 33010 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/29/1996	
21	26	4. FEI Number 65-0647877		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
23	28	Zip		Country	
24	25	29	30		

9. Name and Address of Current Registered Agent DUNKLEY, LINDSAY 717 PONCE DE LEON BLVD SUITE 325A CORAL GABLES FL 33193				10. Name and Address of New Registered Agent			
				81	Name ALBERT SULLIVAN		
				82	Street Address (P.O. Box Number is Not Acceptable) 2117 Hollywood Blvd #133		
				83			
				84	City Hollywood	85 Zip Code FL 33020	

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: *Albert Sullivan* **ALBERT SULLIVAN, PRESIDENT** **4-13-98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PO	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	President	<input type="checkbox"/> Change <input type="checkbox"/> Addition	ALBERT Sullivan	
NAME	PEREZ, JOSE		1.2 NAME				
STREET ADDRESS	14701 S.W. 73RD TERRACE		1.3 STREET ADDRESS	2117 Hollywood Blvd #133			
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	Hollywood, FL 33020			
TITLE	VD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TIELES, HUMBERTO		2.2 NAME				
STREET ADDRESS	15328 SW 77 LANE # 101		2.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP				
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 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: *Albert Sullivan* **ALBERT SULLIVAN, PRESIDENT** **4-13-98 (307) 205-5511**

CR2E034 (10/97)