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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 696065 (2)

1. Corporation Name
RILEA CORPORATION

Principal Place of Business: **848 BRICKELL AVENUE SUITE 1010 MIAMI FL 33131 US**
 Mailing Address: **848 BRICKELL AVENUE SUITE 1010 MIAMI FL 33131 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/23/1981** 3a. Date of Last Report: **08/15/1994**
 4. FEI Number: **59-2294991** Applied For: Not Applicable
 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. 199.02 Florida Statutes: Yes No

2. Principal Place of Business: **21** 2b. Mailing Address: **26**
 Suite, Apt. # etc: **22** Suite, Apt. # etc: **27**
 City & State: **23** City & State: **28**
 Zip: **24** Country: **25** Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent: **OJEDA, ALAN 848 BRICKELL AVENUE SUITE 1010 MIAMI FL 33131**
 10. Name and Address of New Registered Agent: **01 Name: 02 Street Address (P.O. Box Number is Not Acceptable): 03: 04 City: FL 05 Zip Code:**

11. Pursuant to the provisions of Sections 607.014(2) 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 607.014(2), Florida Statutes.

SIGNATURE: _____ Date: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME: PD CORDON, CARLOS C	12.2 STREET ADDRESS: 848 BRICKELL AVENUE, STE. 1010 MIAMI FL	13.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	13.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.3 NAME: S CASTRO, MARIA	12.4 STREET ADDRESS: 848 BRICKELL AVENUE, STE. 1010 MIAMI FL	13.3 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	13.4 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.5 NAME: V OJEDA, ALAN	12.6 STREET ADDRESS: 848 BRICKELL AVENUE, STE. 1010 MIAMI FL	13.5 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	13.6 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.7 NAME:	12.8 STREET ADDRESS:	13.7 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	13.8 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.9 NAME:	12.10 STREET ADDRESS:	13.9 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	13.10 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.11 NAME:	12.12 STREET ADDRESS:	13.11 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	13.12 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.13 NAME:	12.14 STREET ADDRESS:	13.13 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	13.14 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is substantially true and correct 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 treasurer or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 or on an attachment with an address.

SIGNATURE: **4/29/95**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR