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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

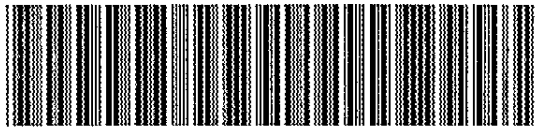
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1994



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

1. Corporation Name
THE RELATED COMPANIES OF FLORIDA, INC.
DOCUMENT #
617998 (0)

Mailing Address
2828 CORAL WAY
PENTHOUSE SUITE 1
MIAMI FL 33145
Principal Place of Business
2828 CORAL WAY
PENTHOUSE SUITE 1
MIAMI FL 33145

DO NOT WRITE IN THIS SPACE

2. Date incorporated or Qualified: 04/19/1979
2a. Date of Last Report: 04/23/1993
4. FEI Number: 59-1915173
5. Certificate of Status Desired: \$8.75 Additional Fee Required
7. Nonprofit Exempt from \$158.75 Supplemental Fee
8. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
9. The corporation has liability for intangible tax under S. 199.007, Florida Statutes: Yes

9. Name and Address of Current Registered Agent
PEREZ, JORGE M.
2100 CORAL WAY, PH-1
MIAMI FL 33145

10. Name and Address of New Registered Agent
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 607.0502 and 607.1506 or Sections 617.0502 and 617.1506, 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 or 617.0603, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS				13. CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	P/D	1.1 NAME	PEREZ, JORGE M.	1.1 TITLE		1.1 NAME	
1.2 STREET ADDRESS	2828 CORAL WAY	1.2 STREET ADDRESS		1.2 STREET ADDRESS		1.2 STREET ADDRESS	
1.3 CITY-ST-ZIP	MIAMI, FL 33145	1.3 CITY-ST-ZIP		1.3 CITY-ST-ZIP		1.3 CITY-ST-ZIP	
2.1 TITLE	V/D/S	2.1 TITLE		2.1 TITLE		2.1 TITLE	
2.2 NAME	ROSS, STEPHEN M.	2.2 NAME		2.2 NAME		2.2 NAME	
2.3 STREET ADDRESS	625 MADISON AVENUE	2.3 STREET ADDRESS		2.3 STREET ADDRESS		2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	NEW YORK NY	2.4 CITY-ST-ZIP		2.4 CITY-ST-ZIP		2.4 CITY-ST-ZIP	
3.1 TITLE	V	3.1 TITLE		3.1 TITLE		3.1 TITLE	
3.2 NAME	MEYERS, STUART E.	3.2 NAME		3.2 NAME		3.2 NAME	
3.3 STREET ADDRESS	2828 CORAL WAY	3.3 STREET ADDRESS		3.3 STREET ADDRESS		3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP		3.4 CITY-ST-ZIP		3.4 CITY-ST-ZIP	
4.1 TITLE	A/S	4.1 TITLE		4.1 TITLE		4.1 TITLE	
4.2 NAME	HERNANDEZ ANGEL	4.2 NAME		4.2 NAME		4.2 NAME	
4.3 STREET ADDRESS	2828 CORAL WAY-PH	4.3 STREET ADDRESS		4.3 STREET ADDRESS		4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP		4.4 CITY-ST-ZIP		4.4 CITY-ST-ZIP	
5.1 TITLE	V	5.1 TITLE		5.1 TITLE		5.1 TITLE	
5.2 NAME	ROCHA, ROBERTO	5.2 NAME		5.2 NAME		5.2 NAME	
5.3 STREET ADDRESS	2828 CORAL WAY	5.3 STREET ADDRESS		5.3 STREET ADDRESS		5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP		5.4 CITY-ST-ZIP		5.4 CITY-ST-ZIP	
6.1 TITLE	V	6.1 TITLE		6.1 TITLE		6.1 TITLE	
6.2 NAME	HAMMON, MICHAEL	6.2 NAME		6.2 NAME		6.2 NAME	
6.3 STREET ADDRESS	2828 CORAL WAY	6.3 STREET ADDRESS		6.3 STREET ADDRESS		6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP		6.4 CITY-ST-ZIP		6.4 CITY-ST-ZIP	

REMITTED BY MAY 1

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 119.07(3)(a), Florida Statutes. I request the Division of Corporations from any liability of non-compliance with Section 119.07(3)(a) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.
SIGNATURE: Marcelo A. Alvarez DATE: 4/26/94
MARCELO A. ALVAREZ Vice President 305 460 9900