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\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

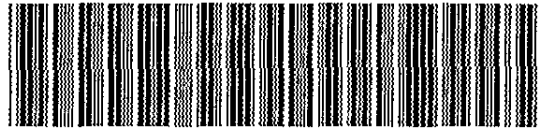
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500037716285

**File Now. Filing Fee after May 1 is \$225.00**

**\* CORPORATION  
ANNUAL REPORT  
1993**



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

1. Name and Mailing Address of Corporation **DOCUMENT # 617998 (0)**  
**THE RELATED COMPANIES OF FLORIDA, INC.**  
**2828 CORAL WAY**  
**PENTHOUSE SUITE 1**  
**MIAMI FL 33145**

EXERCISE WRITING IN THIS SPACE

3. Date Incorporated or Qualified **04/19/1979** 3a. Date of Last Filing **06/05/1992**

If above mailing address is incorrect in any way, file through electronic return and enter correction in Block 7

FILING FEE \$200.00 ANNUAL REPORT \$41.25 + \$138.75 CORPORATION SUPPLEMENTAL FEE  
MAKE CHECK PAYABLE TO DEPARTMENT OF STATE

4. Filing Number **591915173** Applied Fee  Not Applicable

2. Mailing Address 2a. Principle Place of Business  
21. State, Apt #, etc. 26. State, Apt #, etc.  
22. City & State 27. City & State  
23. Zip 28. Zip  
24. Country 29. Country

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
7. Nonprofit under 501(c)(3) Tax Exempt Status  **\$138.75 Supplemental Fee Not Required**  
8. This corporation has liability for change in tax under Florida Statutes  Yes  No

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 86. Country

11. Pursuant to the provisions of Sections 607.0500 and 607.1500 or Sections 617.0500 and 617.1500, Florida Statutes, this above (current) 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 and I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0500, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS  
11. TITLE **P/D**  
12. NAME **PEREZ, JORGE M.**  
13. ADDRESS **2828 CORAL WAY - PH**  
14. CITY, ST, ZIP **MIAMI, FL 33145**  
21. TITLE **V/D/S**  
22. NAME **ROSS, STEPHEN M.**  
23. ADDRESS **625 MADISON AVENUE**  
24. CITY, ST, ZIP **NEW YORK NY**  
31. TITLE **V**  
32. NAME **MEYERS, STUART J.**  
33. ADDRESS **2828 CORAL WAY - PH**  
34. CITY, ST, ZIP **MIAMI FL**  
41. TITLE **T**  
42. NAME **DAGOSTINO, PASQUALE**  
43. ADDRESS **625 MADISON AVENUE**  
44. CITY, ST, ZIP **NEW YORK NY**  
51. TITLE **V**  
52. NAME **ROCHA, ROBERTO**  
53. ADDRESS **2828 CORAL WAY - PH**  
54. CITY, ST, ZIP **MIAMI FL**  
61. TITLE **V**  
62. NAME **HAMMON, MICHAEL**  
63. ADDRESS **2828 CORAL WAY - PH**  
64. CITY, ST, ZIP **MIAMI FL**

13. OFFICERS AND DIRECTORS CHANGE  
11. TITLE **VICE PRESIDENT**  
12. NAME **MARCELO A ALVAREZ**  
13. ADDRESS **2828 CORAL WAY - PH**  
14. CITY, ST, ZIP **MIAMI FL 33145**  
21. TITLE **ASSISTANT SECRETARY**  
22. NAME **ANGEL HERNANDEZ**  
23. ADDRESS **2828 CORAL WAY - PH**  
24. CITY, ST, ZIP **MIAMI FL 33145**  
31. TITLE **ASSISTANT SECRETARY**  
32. NAME **ANGEL HERNANDEZ**  
33. ADDRESS **2828 CORAL WAY - PH**  
34. CITY, ST, ZIP **MIAMI FL 33145**

14. I certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my sign-off constitutes the same as required by the Florida Statutes, and that my name appears on Block 12, 13, 14, 21, 22, 23, 24, 31, 32, 33, 34, 41, 42, 43, 44, 51, 52, 53, 54, 61, 62, 63, 64, or on an attachment with an address.

SIGNATURE **Jorge M. Perez** DATE **4/16/93**  
Print/Type Name of Signing Officer or Director **JORGE M. PEREZ** Title **PRESIDENT** District Telephone Number **(305) 460-9900**