FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 MAY -1 AM 5:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 696065 (2)

1. Corporation Name
RILEA CORPORATION

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business — 21 / Suite, Apt # etc — 22 / City & State — 23 / Zip — 24 / Country — 25

2a. Mailing Address — 26 / Suite, Apt # etc — 27 / City & State — 28 / Zip — 29 / Country — 30

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. 199.032 Florida Statutes ☐ Yes ☐ No

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

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 607.1508, 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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CORDON, CARLOS C
STREET ADDRESS	848 BRICKELL AVENUE, STE. 1010
CITY-ST-ZIP	MIAMI FL
TITLE	S
NAME	CASTRO, MARIA
STREET ADDRESS	848 BRICKELL AVENUE, STE. 10101
CITY-ST-ZIP	MIAMI FL
TITLE	V
NAME	OJEDA, ALAN
STREET ADDRESS	848 BRICKELL AVENUE, STE. 1010
CITY-ST-ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

(Blocks 1–6: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP, each with ☐ Change ☐ Addition — all blank)

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)(k), 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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/95
DATE

Daytime Phone #

0130934 CP