

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

**FILED**

**Apr 08 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morlham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # H26740 (1)**

1. Corporation Name  
**RELIABLE BUSINESS HOUSE, INC.**



Principal Place of Business <b>2201 NW 185TH AVE PEMBROKE PINES FL 33029 US</b>	Mailing Address <b>2201 NW 185TH AVE PEMBROKE PINES FL 33029 3861 US</b>
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21. Principal Place of Business <b>221</b>	26. Mailing Address <b>P.O. BOX 820270</b>
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State	28. City & State <b>SOUTH FLORIDA FL</b>
24. Zip <b>33082-0270</b>	29. Zip <b>33082-0270</b>
25. Country <b>USA</b>	30. Country <b>USA</b>

3. Date Incorporated or Qualified <b>10/23/1984</b>	3a. Date of Last Report <b>04/25/1996</b>
4. FEI Number <b>65-0054939</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**JIE-A-FA, RUDI JOHAN  
2201 185TH AVE  
PEMBROKE PINES FL 33029**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	<b>FL</b>
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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>JIE-A-FA, RUDI JOHAN</b>	
STREET ADDRESS	<b>2201 NW 185TH AVE</b>	
CITY-ST-ZIP	<b>PEMBROKE PINES FL</b>	
TITLE	<b>M</b>	<input type="checkbox"/> DELETE
NAME	<b>JIE-A-FA, PETRONELLA G</b>	
STREET ADDRESS	<b>2201 NW 185TH AVE</b>	
CITY-ST-ZIP	<b>PEMBROKE PINES FL</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>JIE-A-FA - MARTINEZ, CAR</b>	
STREET ADDRESS	<b>10211 CASA PALARMO DR #5</b>	
CITY-ST-ZIP	<b>RIVERVIEW FL</b>	
TITLE	<b>VICE-PRESIDENT</b>	<input type="checkbox"/> DELETE
NAME	<b>JIE-A-FA, RUDI JOHAN JR.</b>	
STREET ADDRESS	<b>3365 WEST 55TH STREET</b>	
CITY-ST-ZIP	<b>HIALEAH, FL 33016</b>	
TITLE	<b>VICE-PRESIDENT</b>	<input type="checkbox"/> DELETE
NAME	<b>JIE-A-FA, JACK C.I.F.</b>	
STREET ADDRESS	<b>680 CYPRUS CLUB WAY, APT. #P</b>	
CITY-ST-ZIP	<b>POMPANO BEACH, FL 33064</b>	
TITLE	<b>SECRETARY</b>	<input type="checkbox"/> DELETE
NAME	<b>JIE-A-FA, JONE D.</b>	
STREET ADDRESS	<b>6995 NW 186TH STREET</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33305</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>PRESIDENT &amp; MANAGING DIRECTOR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>JIE-A-FA, RUDI JOHAN</b>	
1.3 STREET ADDRESS	<b>2201 NW 185TH AVE</b>	
1.4 CITY-ST-ZIP	<b>PEMBROKE PINES, FL 33029</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	<b>VICE-PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>CHÉRI. G. JESSURUN-JIE-A-FA</b>	
3.3 STREET ADDRESS	<b>2201 NW 185TH AVE</b>	
3.4 CITY-ST-ZIP	<b>PEMBROKE PINES, FL 33029</b>	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 \_\_\_\_\_ DATE **04-04-97** **004-438-7016**

CR2E034 (9/96)