

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # **P92000001653 (4)**

1. Corporation Name

RELAM INVESTMENTS, INC.



Principal Place of Business

**13727 S.W. 152 ST. #213
MIAMI FL 33177-1106**

Mailing Address

**13727 S.W. 152 ST. #213
MIAMI FL 33177-1106**

3. Date Incorporated or Qualified

11/03/1992

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 14417 S.W. 142 COURT

26 14417 S.W. 142 COURT

4. FEI Number

59-3178098

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 MIAMI FLORIDA

City & State

28 MIAMI FLORIDA

Zip

24 33186

Country

25 DADE

Zip

29 33186

Country

30 DADE

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MALER, FRANK W
14408 S.W. 143 COURT
MIAMI FL 33186-5646**

81 Name

MALER, FRANK W.

82 Street Address (P.O. Box Number is Not Acceptable)

14417 S.W. 142 COURT

83

84 City

MIAMI

FL

85 Zip Code
33186

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 **FRANK W. MALER, PRESIDENT**

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/26/96

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE
NAME **MALER, FRANK W**
STREET ADDRESS **14408 S.W. 143 COURT**
CITY-ST-ZIP **MIAMI FL 33186-5646**

TITLE **TS** ☒ DELETE
NAME **MALER, ELAINE M**
STREET ADDRESS **14408 S.W. 143 COURT**
CITY-ST-ZIP **MIAMI FL 33186-5646**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **MALER, FRANK W.**
1.3 STREET ADDRESS **14417 S.W. 142 COURT**
1.4 CITY-ST-ZIP **MIAMI FL 33186**

2.1 TITLE **TS** ☒ Change ☐ Addition
2.2 NAME **MALER, ELAINE M**
2.3 STREET ADDRESS **14417 S.W. 142 COURT**
2.4 CITY-ST-ZIP **MIAMI FL 33186**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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:

FRANK W. MALER, PRESIDENT

4/26/96 (305) 251-3122

Date

Daytime Phone #

CR2E034 (12/95)