

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

CORPORATION,
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Janice B. McMiller
Secretary, FLS 100
Tallahassee, Florida 32304-0001

**APPROVED
AND
FILED**

30 MAY 10 AM 10:35

DOCUMENT # P93000030007 (7)

RELATED ENTERPRISES, INC.

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Office: 500 SE 4 COURT, POMPANO BEACH FL 33060
Mailing Address: 500 SE 4 COURT, POMPANO BEACH FL 33060

DO NOT WRITE IN THIS SPACE

2. Date of Incorporation	2a. Mailing Address	3. Date incorporated or Qualified	3a. Date of Last Report
21	26	04/23/1993	04/21/1994
22. State of Incorporation	27. Sub-App. #	4. F.F. Number	Applied For
23	28	65-0405121	Not Applicable
24. City, State, Zip, Country	29	5. Certificate of Status Desired	\$8.75 Additional Fee Required
25	30	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under § 196(1)(3) Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

10. Name and Address of New Registered Agent

81. Name	85. Zip
82. Street Address, P.O. Box Number or Post Acceptable	
83.	
84. City	85. Zip
FERREIRA, LUCILLE 604 NE 23RD AVE #2 POMPANO BEACH FL 33064	FL 33060

11. I, the undersigned, as president of the corporation, hereby certify that the information furnished herein is true and correct to the best of my knowledge and belief, and that the corporation is duly organized under the laws of the State of Florida. I hereby accept the appointment as registered agent of the corporation.

SIGNATURE: *Lucille Ferreira, Pres* *Ruy Ferreira*

12. OFFICERS AND DIRECTORS

1. NAME	1. TITLE
2. NAME	2. TITLE
3. NAME	3. TITLE
4. NAME	4. TITLE
5. NAME	5. TITLE
6. NAME	6. TITLE
7. NAME	7. TITLE
8. NAME	8. TITLE
9. NAME	9. TITLE
10. NAME	10. TITLE
11. NAME	11. TITLE
12. NAME	12. TITLE
13. NAME	13. TITLE
14. NAME	14. TITLE
15. NAME	15. TITLE
16. NAME	16. TITLE
17. NAME	17. TITLE
18. NAME	18. TITLE
19. NAME	19. TITLE
20. NAME	20. TITLE

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. NAME	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. NAME	4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. NAME	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
7. NAME	7. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
8. NAME	8. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. NAME	9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	10. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. NAME	11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	12. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. NAME	13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	14. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
15. NAME	15. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
16. NAME	16. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
17. NAME	17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	18. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
19. NAME	19. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
20. NAME	20. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 196(1)(3), Florida Statutes. I further certify that these statements are made on the original report or supplemental annual report to, from and in accordance with and that my signature shall be the same regardless of the number of copies that are made or copies of the corporation in the event of future incorporation to comply with report as required by Florida Statutes, and that my name appears on the report or the supplemental report as an officer with an address.

SIGNATURE: *Ruy Ferreira, Pres* *Lucy Ferreira, Pres* **5/3/95** **305-754-8826**