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

PROFIT CORPORATION ANNUAL REPORT



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

1996

P93000030671 (0) **DOCUMENT #**

RELAM ENTERPRISES, INC.

FILED May 01 1996 8:00 am Secretary of State

Principal Place of Business Mailing Address										1 1201W31 NB 10100 11				,	
14408 SW 143 COURT 14408 SW 143 COURT MIAMI FL 33186 MIAMI FL 33186															
											3. Date Incorporated or	Qualified	1	te of Last F	
											04/27/1993			05/01/19	
2. Principal Pla			/ 9			. Mailing Addi 4417		ועום	'A 11 10	-	4. FEI Number				Applied For Not Applicable
Suite, Apt. #		<i>y.</i> /	74	COURT	26	Suite, Apt. #		772 6	202	'	65-0415722			\$8.7	5 Additional
Suite, Apr. #	, etc.				27						5. Certificate of Status D		₩.	Fee	Required
City & State 3 MIAM	LOR.	ORIDA			City & State		LORIDA			Election Campaign Fin Trust Fund Contribution	_			00 May Be ed to Fees	
Zip		Co	untry DAZ) F	E	Zip		Countr	DR	•	8. This corporation has I Florida Statutes		intangible i	tax under s	199.032,
4 33 186					29 Regis	33/86 stered Agent)	30 27		1	10. Name and Address			J Agent	
	g, Harrie			01 04.10.11				81	Name						
MALER	CDANK M	,						_	56	MRL	FR FRANK U 5 (P.O. Box Number is Not	Accontab	lo)		
•	FRANK W							82	Street	Address IUUI	7 S.W. 142	COU	RT		
	W 143 CC	JUNI						83	1	1441					
MIAMI F	L 33100													7051 7	Sa Cada
								84	City	MIAI	41		FI		ip Code 3 / 8 6
11. Pursuant to	the provisi	ons of S	Sections	607.0502	ind 60	07.1508, Florid	a Statutes	, the above			on submits this statement of directors. I) lereby acce	for the pui	pose of cl	nanging its	registered office
or registere familiar with	ed agent, or h. and accer	both, in ot the o	r the Sta bligation	ate of Florida ns of, Sectio	i. Sud n 607	h change was .0505, Florigh	authorized Statutes	d by the cor	poration's	s board o	of directors. I lereby acce	ot the app	ointment a	s registere	d agent. 1 am
SIGNATURE &			-			NT -	/	v a	Umo	eli	1/ per de	X		4/26	196
SIGNATURE E	Signature, typed	or printed	name of re	gistered agent a	of title if	applicable.	(NOTE	: Regidiared Ag	ent signaturo	required wh			DATE		77
12.			OFF	CERS AND	DIRE			13.		1 00	ADDITIONS/CHANGE	S TO OFF			
DTLE	PD					₩ DEI	LE IE	1. 1 TITLE		PD	. CO COAKK			Change	☐ Addition
NAME	MALER							1.2 NAME		MM	LER, FRANK I 117 S.W. 142	coust	7		
STREET ADORESS	14408								1 ADDRESS		M) FL 3318		•		
CITY - ST - ZIP	MIAMI	FL 33	168-56	46		[T] DE	FTF	1.4 CITY -		7717	M/ PM 3318	<u></u>		Change	[] Addition
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NAME STREET ADDRESS									T ADDRESS						
CITY-ST-ZIP								2 4 CITY							
TITLE						DE	LETE	3. 1 TITLE		†				Change	☐ Addition
NAME								3.2 NAM					•		
STREET ADDRESS								3 3 STRE	ET ADDRESS	s					
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NAME								4.2 NAMI							
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CITY-ST-ZIP		<u></u>						4.4 CITY		 				<u> </u>	Addition
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NAME								5.2 NAMI							
STREET ADDRESS									ET ADDRESS	•					
COTY - ST - ZOP						[] DE	ETE	5 4 CITY 6 1 TITU						☐ Change	Addition
TILE						ال الد	CLIL	6.2 NAM							
NAME expect apposes								•	: Et address						
STREET ADDRESS								6.4 CITY							
14. I do hereb	v certify that	I the info	ormation	n supplied w	ith thi	s filing is volur	ntarily furnis	shed and do	es not a	ualify for	the exemption stated in S	ection 119	.07(3)(k), F	lorida Stat	utes. I further
and fither	the informs	dian ind	inatad c	n thin none	rone	art or europlam	antal annu	al ranart is t	ยเด ลกกิร	acci irate	and that my signature sha eport as required by Chap	ili nave tne	same led	ai eneci as	is made under
appears in	Biock 12 o	r Block	13 1	anged or or	ane	Hachmen wit	h an addre	SS.	١.					,	,
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SIGNAT	URE:	5101	ATURE A	ND TYPED OF	PRINTE	D NAME OF SIGN	ING OFFICE		ico		= 4/26/	7 🛩	(308	Daytime Phor	-,5/22, 81
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