

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

FILED
May 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000035510 (5)

1. Corporation Name

R.E.L.G. MANAGEMENT, INC.

Principal Place of Business

4530 NW 7TH ST.
MIAMI FL 33126

Mailing Address

1855 SW 1st St. #202
MIAMI FL 33126-2307 miami, FL 33135



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

25 Suite, Apt. #, etc.

26 City & State

27 Zip

28 Country

3. Date Incorporated or Qualified

05/14/1993

3a. Date of Last Report

06/07/1996

4. FEE Number

65-0415248

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

ARTIGAS, EIDA
4530 NW 7TH STREET
MIAMI FL 33126

1855 SW 1st St #202
Miami, FL 33135

10. Name and Address of New Registered Agent

81 Name

Artigas, EIDA

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

1855 SW 1st Street #202

83 City

miami, FL 33135

84 State

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0503 and 607.1503, 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

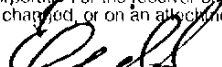
4/28/97

12. OFFICERS AND DIRECTORS	
TITLE	P/S
NAME	ARTIGAS, EIDA
STREET ADDRESS	4530 NW 7TH ST.
CITY-STATE-ZIP	MIAMI FL 33126
TITLE	V/T
NAME	GUERRA, OLGA
STREET ADDRESS	4067 N.W. 7TH ST.
CITY-STATE-ZIP	MIAMI FL 33126
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	President / Sec.
1.2 NAME	Artigas, EIDA
1.3 STREET ADDRESS	1855 SW 1st Street #202
1.4 CITY-STATE-ZIP	miami, FL 33135
2.1 TITLE	Vice Pres. / Treasurer
2.2 NAME	Guerra, Olga
2.3 STREET ADDRESS	4530 NW 7th Street
2.4 CITY-STATE-ZIP	miami, FL 33126
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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:



4/28/97

(305)
401 9294

CR2E034 (9/96)