FILE NOW: FILING FEE AFTER MAY 1 IS $5.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000010097 (0)**

1. Corporation Name
REVLIS, INC.

Principal Place of Business
752 EUCLID AVE., SUITE 10
MIAMI BEACH FL 33139

Mailing Address
752 EUCLID AVE., SUITE 10
MIAMI BEACH FL 33139

3. Date Incorporated or Qualified: **02/07/1995**

3a. Date of Last Report

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 City 30

4. FEI Number: 65-0552236 — 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
GRILLET, JORGE L
752 EUCLID AVE., SUITE 10
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the alre 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 name is changed — DATE

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	☐ DELETE
NAME	JORGE GRILLET	
STREET ADDRESS	752 EUCLID AV. #10	
CITY-ST-ZIP	MIAMI BEACH FL. 33139	
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 TITLE	VICE-PRESIDENT	☐ Change ☐ Addition
1 NAME	BETSIVA AMOJU	
1 STREET ADDRESS	752 Euclid AV #10	
1 CITY-ST-ZIP	MIAMI BEACH FL 33139	
2 TITLE		☐ Change ☐ Addition
2 NAME		
2 STREET ADDRESS		
2 CITY-ST-ZIP		
3 TITLE		☐ Change ☐ Addition
3 NAME		
3 STREET ADDRESS		
3 CITY-ST-ZIP		
4 TITLE		☐ Change ☐ Addition
4 NAME		
4 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TITLE	800001926180	☐ Change ☐ Addition
5 NAME	-08/20/96--01040--025	
5 STREET ADDRESS	***25.00	
5 CITY-ST-ZIP		
6 TITLE	000001926140	☐ Change ☐ Addition
6 NAME	-08/20/96--01040--026	
6 STREET ADDRESS	***200.00	
6 CITY-ST-ZIP		

8-19-96

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. Further I 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 an attachment with an address.

SIGNATURE: 3-13-96 532-4784 (305)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Area Code & Daytime Phone Number

CR2E034 (12/95)