

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

FILED  
Mar 21 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000030482 (0)**

1. Corporation Name

**REFLY OF MIAMI INC**

Principal Place of Business

**2742 SW 8 ST. 201**  
**MIAMI FL 33135**  
**XXXXXXXX**

Mailing Address

**2742 SW 8 ST. 201**  
**MIAMI FL 33135-4659**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>04/19/1995</b>	3a. Date of Last Report <b>04/16/1996</b>
21	<b>7345 N.W. 35 st</b>	26		4. FEI Number <b>65-0579170</b>	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
22		27		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
23	<b>Miami Florida</b>	28		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24	<b>33122</b>	29			
25	<b>Dade</b>	30			

9. Name and Address of Current Registered Agent

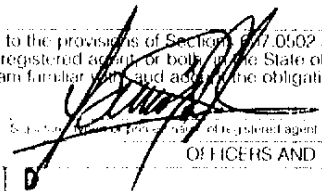
**MOLINA, OSCAR A**  
**2742 SW 8 ST. 201** **7345 N.W. 35 st**  
**MIAMI FL 33135** **Miami FL. 33122**

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 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



(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MOLINA, OSCAR A</b>	1.2 NAME	
STREET ADDRESS	<b>2742 SW 8 ST. 201</b> <b>7345 N.W. 35 St.</b>	1.3 STREET ADDRESS	
CITY- ST- ZIP	<b>MIAMI FL 33135</b> <b>Miami Florida 33122</b>	1.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MOLINA, OSCAR A</b>	2.2 NAME	
STREET ADDRESS	<b>2742 SW 8 ST. 201</b> <b>7345 N.W. 35 St.</b>	2.3 STREET ADDRESS	
CITY- ST- ZIP	<b>MIAMI FL 33135</b> <b>Miami FL. 33122</b>	2.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	<b>D. LUCIA BARRIOS</b>
STREET ADDRESS		3.3 STREET ADDRESS	<b>7345 N.W. 35 st.</b>
CITY- ST- ZIP		3.4 CITY- ST- ZIP	<b>Miami FL. 33122</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-14-97 305-643-2248

CR2E034 (9/96)