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

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000031442

1. Corporation Name

RILEA REALTY CORP.

## May 08, 1999 8:00 am Secretary of State

05-08-1999 90022 038 \*\*\*150.00



Principal Place of Business Mailing Address							i shiistibar iin riirik narit narit narit narit narit narit	OTHER PERSON		ININ IINI INNI
848 BRICKELL AVE. 1010 MIAMI FL 33131			848 BRICKELL AVE. 1010 MIAMI FL 33131				DO NOT WRITE IN THIS	SPACE	<u> </u>	
							3. Date Incorporated or Qualifed			
ļ							04/21/1995			
Principal Place of Business     2a. Mailing Address						4. FEI Number	Applied For			
21 26							65-0580965	Not Applicable		
Suite, Apt.	#, etc.	27	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State City & State			City & State				6. Election Campaign Financing \$5.00 May Be			
23			28				Trust Fund Contribution Added to Fees			
Zip	Country Zip			Cour	ntry	•	This corporation owes the current year Intangible     Personal Property Tax     Yes  No			
24				30	_		Personal Property Tax. Yes No  10. Name and Address of New Registered Agent			
	9. Name and Address of Cur	rent Registe	ered Agent		81	Name	10. Name and Address of New Registered A	gent		
OIE	DA, ALAN				•	Itamo				
848 BRICKELL AVE, 1010					82	Street Add	dress (P.O. Box Number is Not Acceptable)			
MIAI	VII FL 33131			İ	83					
				ŀ	84	City	FL	85	Zip Ci	ode
11. Pursuant to the provisions of Sections 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										
	Signature, typed or printed name of registered				Agen	nt signature require	ed when reinstating) DATE		OTOF	C IN 42
12.		AND DIREC	DELETE	13.	_		ADDITIONS/CHANGES TO OFFICERS ANI			Addition
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NAME	OJEDA, ALAN			1.2 NA						
STREET ADDRESS	,			1		TADORESS				l
CITY-ST-ZIP TITLE	MIAMI FL 33131			1.4 CITY-ST-ZIP			Cha	inge	Addition	
NAME	D EDIAC MATHY	<del>-</del>			ME			_	•	_
STREET ADDRESS	FRIAS, KATHY 848 BRICKELL AVE, 1010					TADDRESS				
				2.4 CI						
CITY-ST-ZIP	MIAMI FL 33131			3.1 TIT		,1-Zii		Cha	ange	Addition
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NAME				4. 2 NA	ME					
STREET ADDRESS				4.3 ST	REET	TADDRESS				
CITY-ST-ZIP				4.4 CIT	Y-\$1	T-ZIP				
TITLE	☐ DELETE			5.1 TIT	LΕ			☐ Cha	ange	☐ Addition
NAME				5.2 NA	ME					1
STREET ADDRESS				5.3 STI	REET	TADDRESS				
CITY-ST-ZIP				5.4 CIT	_	T-ZIP				
TITLE			☐ DELETE	6.1 TIT				Cha	ange	Addition
NAME				6 2 NA						
STREET ADDRESS						TADDRESS				i
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14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED

CR2E034 (11/98)