


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

**FILED**  
**Apr 15, 1999 8:00 am**  
**Secretary of State**

04-15-1999 90019 038 \*\*\*150.00



<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P97000014115</b>					
1. Corporation Name <b>RLM HOLDING CORP.</b>					
Principal Place of Business <b>11900 BISCAYNE BLVD STE 809 NO MIAMI FL 33181</b>			Mailing Address <b>11900 BISCAYNE BLVD STE 809 NO MIAMI FL 33181</b>		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business <b>21 c/o Lee Milich, P.A.</b>		2a. Mailing Address <b>26 c/o Lee Milich, P.A.</b>		3. Date Incorporated or Qualified <b>02/06/1997</b>	
Suite, Apt. #, etc. <b>100 W. Cypress Creek Road, #935</b>		Suite, Apt. #, etc. <b>100 W. Cypress Creek Road, #935</b>		4. FEI Number <b>NOT APPLICABLE</b>	
City & State <b>23 Ft. Lauderdale, FL</b>		City & State <b>28 Ft. Lauderdale, FL</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>24 33309</b>		Country <b>25 USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Country <b>25 USA</b>		Zip <b>29 33309</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Country <b>25 USA</b>		Country <b>30 USA</b>		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>MILICH, LEE 11900 BISCAYNE BLVD STE 809 NO MIAMI FL 33181</b>			10. Name and Address of New Registered Agent		
			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable) <b>100 W. Cypress Creek Road, #935</b>		
			83		
			84 City <b>Ft. Lauderdale</b>		
			85 Zip Code <b>FL 33309</b>		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Signature, typed or printed name of registered agent and title if applicable.					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	<b>D</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>EDELSTIEN, IRIS</b>		1.2 NAME		
STREET ADDRESS	<b>2 VAN WINKLE ROAD</b>		1.3 STREET ADDRESS		
CITY-ST-ZIP	<b>MONSEY NY 10952</b>		1.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
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 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 of Iris Edelstien)*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/99 954.771.6211  
Date Daytime Phone #

0289757

CR2E034 (1/98)