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

**PROFIT CORPORATION** ANNUAL REPORT 1998

FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

**FILED** Apr 02 1998 8:00am Secretary of State

| RLZ CORPORATION   | 0049466 (0)  |  |  | HT 1814 E1012 11118 E114 HT.                         |
|---|--|--|--|--|
| Principal Place of Business   | Mailing Address  |  |  | IBAD ADIN DIBID BIRAD BIN IDDI                       |
| 12130 NE 11 CT. 12130 NE 11 CT. MIAMI FL 33161 MIAMI FL 33161   |  |  |  |  |
|   |  | · ·  | DO NOT WRITE IN THIS   | S SPACE  |
|   |  |  | 3. Date Incorporated or Qualified 06/02/1997   |  |
| 2. Principal Place of Business  | 2a. Mailing Address  |  | 4. FEI Number  | Applied For  |
| 21  | 26   |  | 64-0748834   | Not Applicable                                       |
| Sulte, Apt. #, etc.   | Suite, Apt. #, etc.  |  | 5. Certificate of Status Desired   | \$8.75 Additional                                    |
| 22 27 City & State City & State   |  |  |  | Fee Required   |
| 23  | 26 City & State  |  | 6. Election Campaign Financing Trust Fund Contribution   | \$5.00 May Be<br>Added to Fees                       |
| Zip Country   | Zip  | Country  | 8. This corporation owes or has paid the o   |  |
| 24 25   | 29   | 30   | Personal Property Tax due June 30.   | Yes No   |
| 9. Name and Address of Curre  | nt Registered Agent  |  | 10. Name and Address of New Registere  | d Agent  |
| LOZANO, RAUL JR   |  | B1 Name  |  |  |
| 12130 NE 11 CT.   |  | 82 Street Add  | Iress (P.O. Box Number is Not Acceptable)  |  |
| MIAMI FL 33161  |  | 83   |  |  |
|   |  |  | <u></u>  |  |
|   |  | 84 City  | F  | 85 Zip Code  |
| 11. Pursuant to the provisions of Sections 607.05 office or registered agent, or both, in the State agent. I am familiar with, and accept the oblig SIGNATURE | 02 and 607.1508, Florida Statu<br>e of Florida. Such change was<br>gations of, Section 607.0505, F | ites, the above-named cor<br>authorized by the corpora<br>lorida Statutes. | poration submits this statement for the purpose tion's board of directors. I hereby accept the a | of changing its registered oppointment as registered |
| Signature, typed or printed name of registered ag   | gent and title if applicable (NO   | YE: Registered Agent alguature requ  |  |  |
|   | ID DIRECTORS   | 13.  | ADDITIONS/CHANGES TO OFFICERS A  |  |
| NAME LOZANO, RAUL JR  | ☐ DELETE   | 1.1 TITLE  |  | ☐ Change ☐ Addition                                  |
| NAME LOZANO, RAUL JR<br>STREET ADDRESS 12130 NE 11 CT.  |  | 1.2 NAME<br>1.3 STREET ADDRESS   |  | [8   |
| CITY-ST-ZIP MIAMI FL 33161  |  | 1.4 CITY-ST-ZIP  |  |  |
| TITLE DVT   | DELETE   | 2.1 TITLE  |  | Change Addition                                      |
| HAME LOZANO, RAUL   |  | 2.2 NAME   |  | 1  |
| STREET ADDRESS 12130 NE 11 CT.  |  | 2.3 STREET ADDRESS   |  |  |
| CITY-ST-ZIP MIAMI FL 33161  |  | 2. 4 CITY-ST-ZIP   |  |  |
| TITLE DVS   | DELETE   | 3.1 TITLE  |  | ☐ Change ☐ Addition                                  |
| NAME RODRIGUEZ-MATEO, ZENAID STREET ADDRESS 12130 NE 11 CT.   | JA   | 3.2 NAME   |  |  |
| 4 44 4 44 Pr  |  | 3.3 STREET ADDRESS   |  |  |
| CITY-ST-ZIP MIAMI FL 33161  | DELETE   | 3.4. CITY-ST-ZIP<br>4.1 TITLE  | <u></u>  | Change Addition                                      |
| NAME  |  | 4. 2 NAME  |  |  |
| STREET ADDRESS  |  | 4.3 STREET ADDRESS   |  |  |
| CITY-ST-ZIP   |  | 4.4 CITY - ST - ZIP  |  |  |
| TITLE   | DELETE   | 5.1 TITLE  |  | Change Addition                                      |
| MANE  |  | 5.2 NAME   |  |  |
| STREET ADDRESS  |  | 5.3 STREET ADDRESS   |  |  |
| CITY-ST-ZIP   | Decem  | 5.4 CITY-ST-ZIP  |  | T AL   |
| TITLE   | DELETE   | 6.1 TITLE  |  | Change C   |
| NAME<br>CTREET APPROPRIE  |  | 6.2 NAME   |  |  |
| STREET ADDRESS CITY-ST-ZIP  |  | 6.3 STREET ADDRESS<br>6.4 CITY - ST - ZIP                                  |  |  |
|   | with this filing does not qualify  |  | Section 119.07(3)(i), Florida Statutes. I further  | certify that the i                                   |

report is true and accurate and that my signature shall have the same legal effect as if made under oath; that receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appartitionment with an address.