

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

PROFIT  
CORPORATION  
ANNUAL REPORT

~~XXXX~~ 2000



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 25, 2000 8:00 am**  
**Secretary of State**

04-25-2000 90050 044 \*\*\*150.00

DOCUMENT # P97000049466

1. Corporation Name

RLZ CORPORATION

Principal Place of Business

12130 NE 11 CT.  
MIAMI FL 33161

Mailing Address

12130 NE 11 CT.  
MIAMI FL 33161

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/02/1997

4. FEI Number

65-0758834

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 2450 SW 90 AVENUE

Suite, Apt. #, etc

22

City & State

23 MIAMI FLORIDA

Zip

24 33165

Country

2a. Mailing Address

26 2450 SW 90 AVENUE

Suite, Apt. #, etc.

27

City & State

28 MIAMI FLORIDA

Zip

29 33165

Country

30

9. Name and Address of Current Registered Agent

LOZANO, RAUL JR

~~12130 NE 11 CT~~ 2450 SW 90 AVENUE  
~~MIAMI FL 33161~~ MIAMI FL 33165

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 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 agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE  
NAME LOZANO, RAUL JR  
STREET ADDRESS ~~12130 NE 11 CT~~ 2450 SW 90 AVE  
CITY-ST-ZIP ~~MIAMI FL 33161~~ 33165

TITLE DVT ☐ DELETE  
NAME LOZANO, RAUL  
STREET ADDRESS ~~12130 NE 11 CT~~ 2450 SW 90 AVE  
CITY-ST-ZIP ~~MIAMI FL 33161~~ 33165

TITLE DVS ☐ DELETE  
NAME RODRIGUEZ-MATEO, ZENaida  
STREET ADDRESS ~~12130 NE 11 CT~~ 2450 SW 90 AVE  
CITY-ST-ZIP ~~MIAMI FL 33161~~ 33165

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

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Raul Lozano Jr. 4/10/00 (305) 229-7069