
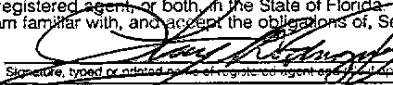


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Jan 26 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # S14296 (5) 1. Corporation Name RELA CORPORATION					
Principal Place of Business <del>9570 GLACIER STREET</del> <del>MIRAMAR FL 33025</del>			Mailing Address 9570 GLACIER STREET MIRAMAR FL 33025		
2. Principal Place of Business 21 6995 NW, 82 AV. Suite, Apt. #, etc. 22 # 44 City & State 23 MIAMI, FLORIDA Zip 24 33166 Country 25 USA		2a. Mailing Address 26 6995 NW, 82 AV. Suite, Apt. #, etc. 27 # 44 City & State 28 MIAMI, FLORIDA Zip 29 33166 Country 30 USA		3. Date Incorporated or Qualified 11/26/1990 4. FEI Number 65-0222291 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent RODRIGUEZ, LUCY <del>9570 GLACIER STREET</del> <del>MIRAMAR FL 33025</del>				10. Name and Address of New Registered Agent 81 Name SAME 82 Street Address (P.O. Box Number is Not Acceptable) 9766 NW, 46 TERRACE 83 84 City MIAMI FL 85 Zip Code 33178	
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  LUCY RODRIGUEZ DATE 1/19/98 (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D <input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALMOSNY, LEON		1.2 NAME		
STREET ADDRESS	9570 GLACIER STREET 202 POINCIANA IS. DR.		1.3 STREET ADDRESS		
CITY - ST - ZIP	MIRAMAR FL MIAMI BEACH, FL 33160		1.4 CITY - ST - ZIP		
TITLE	D <input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALMOSNY, ISAAC 202 POINCIANA IS. DR.		2.2 NAME		
STREET ADDRESS	9570 GLACIER STREET MIAMI BEACH, FL 33160		2.3 STREET ADDRESS		
CITY - ST - ZIP	MIRAMAR FL		2.4 CITY - ST - ZIP		
TITLE	D <input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WINKLER, MIGUEL 202 POINCIANA IS. DR.		3.2 NAME		
STREET ADDRESS	9570 GLACIER STREET MIAMI BEACH, FL 33160		3.3 STREET ADDRESS		
CITY - ST - ZIP	MIRAMAR FL		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.

SIGNATURE:  REQUIRED

1/19/98 (305) 4716996

CR2E034 (10/97)