

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

FILED
May 02 1997 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F95000003543 (4)

1. Corporation Name
RAPHAEL KATZEN ASSOCIATES INTERNATIONAL, INC.



Principal Place of Business
**2300 WALL ST., STE. K
 CINCINNATI OH 45212**

Mailing Address
**2300 WALL ST., STE. K
 CINCINNATI OH 45212-2781**

3. Date Incorporated or Qualified
07/21/1995

3a. Date of Last Report
04/15/1996

4. FEI Number
31-6022287

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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip
 24 Country

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip
 29 Country

9. Name and Address of Current Registered Agent
**KATZEN, RAPHAEL
 27801 RIVERWALK WAY
 BONITA SPRINGS FL 33923**

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DCEO	<input type="checkbox"/> DELETE
NAME	KATZEN, RAPHAEL	
STREET ADDRESS	2300 WALL ST., STE. K	
CITY-ST-ZIP	CINCINNATI OH	
TITLE	PDCO	<input type="checkbox"/> DELETE
NAME	MADSON, PHILIP W.	
STREET ADDRESS	2300 WALL ST., STE. K	
CITY-ST-ZIP	CINCINNATI OH	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	KATZEN, SELMA	
STREET ADDRESS	2300 WALL ST., STE. K	
CITY-ST-ZIP	CINCINNATI OH 45212	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	SHROFF, BIPIN S	
STREET ADDRESS	2300 WALL ST., STE. K	
CITY-ST-ZIP	CINCINNATI OH 45212	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HOFFMAN, GARY R	
STREET ADDRESS	2300 WALL ST., STE. K	
CITY-ST-ZIP	CINCINNATI OH 45212	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MONCEAUX, DALE A.	
STREET ADDRESS	2300 WALL STREET, SUITE K	
CITY-ST-ZIP	CINCINNATI OH	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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: *Selma S. Katzen* **FILED** 04/01/97 513-351-7500
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)