


7-29-97 B 8044 C
SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Jul 29 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 # L11247 (8)		
1. Corporation Name R L H INTERNATIONAL, INC.		



Principal Place of Business 10462 NW 31 TERR MIAMI FL 33172 10400 N.W. 33 ST. #230 MIAMI, FL 33172		Mailing Address 10462 NW 31 TERR MIAMI FL 33172 10400 N.W. 33 ST. #230 MIAMI, FL 33172		DO NOT WRITE IN THIS SPACE	
2. Principal Place of Business 21 10400 N.W. 33 ST		2a. Mailing Address 26 10400 N.W. 33 ST		3. Date Incorporated or Qualified 08/24/1989	
Suite, Apt. #, etc. 22 230		Suite, Apt. #, etc. 27 230		3a. Date of Last Report 05/01/1996	
City & State 23 MIAMI, FL.		City & State 28 MIAMI, FL.		4. FEI Number 65-0143381	
Zip 24 33172		Zip 29 33172		Applied For <input type="checkbox"/> Not Applicable	
Country 25		Country 30		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent PINO, JUAN 10462 NW 31 TERR MIAMI FL 33172		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		FL			

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input type="checkbox"/> DELETE	1.1 TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MILOSLAVIC, MIGUEL		1.2 NAME MILOSLAVIC, MIGUEL	
STREET ADDRESS 10462 NW 31 TERR		1.3 STREET ADDRESS 10400 N.W. 33 ST. #230	
CITY-ST-ZIP MIAMI FL		1.4 CITY-ST-ZIP MIAMI, FL. 33172	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PALACIOS, RICARDO		2.2 NAME PALACIOS, RICARDO	
STREET ADDRESS 10462 NW 31 TERR		2.3 STREET ADDRESS 10400 N.W. 33 ST. #230	
CITY-ST-ZIP MIAMI FL		2.4 CITY-ST-ZIP MIAMI, FL. 33172	
TITLE MDS	<input type="checkbox"/> DELETE	3.1 TITLE MDS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PINO, JUAN		3.2 NAME PINO, JUAN	
STREET ADDRESS 10462 NW 31 TERR		3.3 STREET ADDRESS 10400 N.W. 33 ST. #230	
CITY-ST-ZIP MIAMI FL		3.4 CITY-ST-ZIP MIAMI, FL. 33172	
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 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 registered 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 a supplemental report with an address.

SIGNATURE REQUIRED

MILOSLAVIC, MIGUEL

CR2E034 (4/97)