

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

FILED

**Apr 23 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 # P94000021463 (2)
1. Corporation Name
RAYMAN ENTERPRISES INC.



Principal Place of Business: **4180 WEST 12TH AVENUE HIALEAH FL 33012**
Mailing Address: **4180 WEST 12TH AVENUE HIALEAH FL 33012-4158**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/21/1994		3a. Date of Last Report 03/28/1996	
21	22. Suite, Apt. #, etc.			4. FEI Number 65-0471266		Applied For Not Applicable	
22	23. City & State			5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	24. Zip			25. Country		26. City & State	
24	27. Zip			28. Country		29. City & State	
25	29. Zip			30. Country		31. City & State	
26	32. Zip			33. Country		34. City & State	
27	35. Zip			36. Country		37. City & State	
28	38. Zip			39. Country		40. City & State	
29	41. Zip			42. Country		43. City & State	
30	44. Zip			45. Country		46. City & State	
31	47. Zip			48. Country		49. City & State	
32	50. Zip			51. Country		52. City & State	
33	53. Zip			54. Country		55. City & State	
34	56. Zip			57. Country		58. City & State	
35	59. Zip			60. Country		61. City & State	
36	62. Zip			63. Country		64. City & State	
37	65. Zip			66. Country		67. City & State	
38	68. Zip			69. Country		70. City & State	
39	71. Zip			72. Country		73. City & State	
40	74. Zip			75. Country		76. City & State	
41	77. Zip			78. Country		79. City & State	
42	80. Zip			81. Country		82. City & State	
43	83. Zip			84. Country		85. City & State	
44	86. Zip			87. Country		88. City & State	
45	89. Zip			90. Country		91. City & State	
46	92. Zip			93. Country		94. City & State	
47	95. Zip			96. Country		97. City & State	
48	98. Zip			99. Country		100. City & State	
49	101. Zip			102. Country		103. City & State	
50	104. Zip			105. Country		106. City & State	
51	107. Zip			108. Country		109. City & State	
52	110. Zip			111. Country		112. City & State	
53	113. Zip			114. Country		115. City & State	
54	116. Zip			117. Country		118. City & State	
55	119. Zip			120. Country		121. City & State	
56	122. Zip			123. Country		124. City & State	
57	125. Zip			126. Country		127. City & State	
58	128. Zip			129. Country		130. City & State	
59	131. Zip			132. Country		133. City & State	
60	134. Zip			135. Country		136. City & State	
61	137. Zip			138. Country		139. City & State	
62	140. Zip			139. Country		140. City & State	

9. Name and Address of Current Registered Agent QUIRANTES, RAMON JR 4180 WEST 12TH AVENUE HIALEAH FL 33012		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	D QUIRANTES, RAMON JR <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUIRANTES, RAMON JR	1.2 NAME	
STREET ADDRESS	1441 MILAN AVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	CORAL GABLES FL 33134	1.4 CITY - ST - ZIP	
TITLE	D SUAREZ, MANUEL <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUAREZ, MANUEL	2.2 NAME	
STREET ADDRESS	3175 HUNTER RD	2.3 STREET ADDRESS	
CITY - ST - ZIP	FT. LAUDERDALE FL 33331	2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		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 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: _____ DATE: **1/31/97** (305) 821-6181
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)