

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

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May 06 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 # P96000058162 (4)

1. Corporation Name
A. R. E. INTERNATIONAL CORP.



Principal Place of Business: 5800 SW 127TH AVE. #2305 MIAMI FL 33183
Mailing Address: 5800 SW 127TH AVE. #2305 MIAMI FL 33183-1453

3. Date Incorporated or Qualified: 07/11/1996
3a. Date of Last Report

21	2. Principal Place of Business	22	2a. Mailing Address	4.	FEI Number	Applied For
	10790 S.W. 58 Terr.		P.O. Box 832722		65-0682017	Not Applicable
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	\$8.75 Additional Fee Required
					<input type="checkbox"/>	
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
	Miami FL		Miami FL		<input type="checkbox"/>	
24	Zip	29	Zip	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	33173		33283-2722			
25	Country	30	Country			
	U.S.A.		U.S.A.			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
ROSAS, RENE JR. 5800 SW 127TH AVE. #2305 MIAMI FL 33183		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
			10790 S.W. 58 Terr.
		83	
		84	City
			Miami
		85	Zip Code
			FL 33173

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 <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSAS, RENE JR.	1.2 NAME	
STREET ADDRESS	5800 SW 127TH AVE. #2305	1.3 STREET ADDRESS	10790 S.W. 58 Terr.
CITY - ST - ZIP	MIAMI FL 33183	1.4 CITY - ST - ZIP	MIAMI FL 33173
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSAS, ERICA	2.2 NAME	
STREET ADDRESS	5800 SW 127TH AVE. #2305	2.3 STREET ADDRESS	10790 S.W. 58 Terr.
CITY - ST - ZIP	MIAMI FL 33183	2.4 CITY - ST - ZIP	MIAMI FL 33173
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: Rene Rosas RENE ROSAS 4/17/97 305-279-5414
Date Daytime Phone #

CR2E034 (9/96)