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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

2. Principal Place of Business: 21 10790 S.W. 58 Terr. FL. 22
2a. Mailing Address: 26 P.O. Box 832722 27
4. FEI Number: 65-0682017 Applied For: Not Applicable
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

9. Name and Address of Current Registered Agent: ROSAS, RENE JR. 5800 SW 127TH AVE. #2305 MIAMI FL 33183
10. Name and Address of New Registered Agent: 81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 10790 S.W. 58 Terr. 83 84 City: MIAMI FL 85 Zip Code: 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: Signature, typed or printed name of registered agent and title if applicable (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)