

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

FILED

**Sep 24 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P97000031379 (5)

1. Corporation Name
RAICAR ENTERPRISES, INC.



Principal Place of Business: **7724 NW 64 ST. 2ND FL MIAMI FL 33166**
Mailing Address: **7724 NW 64 ST. 2ND FL MIAMI FL 33166**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 **MIAMI, FL.**
22 City & State
23 Zip
24 **33129**

2a. Mailing Address
26 **1865 Brickell AVE**
27 **Apt # 612**
28 **MIAMI FL**
29 **33129** 30 Country

3. Date Incorporated or Qualified: **04/07/1997**
4. FEI Number: **APPLIED FOR IT**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing: **\$5.00 May Be Added to Fees**
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
CARBO, RAMON
7724 NW 64 ST, 2ND FL
MIAMI FL 33166

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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		DATE	
OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12. TITLE	<input type="checkbox"/> DELETE	11. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D CARBO, RAMON	12. NAME	RAMON CARBO
STREET ADDRESS	7724 NW 64 ST, 2ND FL	13. STREET ADDRESS	1865 BRICKELL AVE #612
CITY- ST- ZIP	MIAMI FL 33166	14. CITY- ST- ZIP	MIAMI, FL 33129
12. TITLE	<input type="checkbox"/> DELETE	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D CARBO, ILVA	22. NAME	
STREET ADDRESS	%7724 NW 64 ST, 2ND FL	23. STREET ADDRESS	
CITY- ST- ZIP	MIAMI FL 33166	24. CITY- ST- ZIP	
12. TITLE	<input type="checkbox"/> DELETE	31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D CARBO, LUIS	32. NAME	
STREET ADDRESS	%7724 NW 64 ST, 2ND FL	33. STREET ADDRESS	
CITY- ST- ZIP	MIAMI FL 33166	34. CITY- ST- ZIP	
12. TITLE	<input type="checkbox"/> DELETE	41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY- ST- ZIP		44. CITY- ST- ZIP	
12. TITLE	<input type="checkbox"/> DELETE	51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	700002650057
CITY- ST- ZIP		54. CITY- ST- ZIP	-09/28/98--01068--022
12. TITLE	<input type="checkbox"/> DELETE	61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	***150.00
STREET ADDRESS		63. STREET ADDRESS	
CITY- ST- ZIP		64. CITY- ST- ZIP	

14. I 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: *[Signature]* 4-16-98 305-858-2906

CR2E034 (10/97)