

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 15, 2000 8:00 am**  
**Secretary of State**

03-15-2000 90122 045 \*\*\*150.00

**DOCUMENT # P99000086171**

1. Entity Name  
**RAICO INTERNATIONAL CORP.**

Principal Place of Business      Mailing Address  
**7831 N.W. 72ND AVENUE**      **7831 N.W. 72ND AVENUE**  
**MIAMI FL 33166**                      **MIAMI FL 33166-2215**

**822706**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>65-0950814</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>VALDES-FAULI CORPORATE SERVICES, INC.</b> <b>TWO SOUTH BISCAYNE BLVD.</b> <b>SUITE 3400</b> <b>MIAMI FL 33131</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b>	Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	<p><b>FILE NOW!!! FEE IS \$150.00</b>  <b>After MAY 1, 2000 Fee will be \$550.00</b>  <b>Make Check Payable to Department of State</b></p>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>NOGUES, JULIO L</b> <b>SALTA 263</b> <b>1074 BUENOS AIRES, ARGENTINA</b>	<input type="checkbox"/> De'te	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>NOGUES, JULIO L.</b> <b>SALTA 263</b> <b>1074 BUENOS AIRES ARGENTINA</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DE ACHAVAL DE NOGUES, TERESA</b> <b>SALTA 263</b> <b>1074 BUENOS AIRES, ARGENTINA</b>	<input type="checkbox"/> De'te	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT</b> <b>DE ACHAVAL DE NOGUES, TERESA</b> <b>SALTA 263</b> <b>1074 BUENOS AIRES, ARGENTINA</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>NOGUES, ERNESTO</b> <b>SALTA 263</b> <b>1074 BUENOS AIRES, ARGENTINA</b>	<input type="checkbox"/> De'te	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVS</b> <b>NOGUES, ERNESTO</b> <b>SALTA 263</b> <b>1074 BUENOS AIRES, ARGENTINA</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> De'te	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> De'te	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *[Signature]* **JULIO L NOGUES PRES.**      Date: **2/16/00**      Daytime Phone #

CR2E034 (9/99)