

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90168 009 ***150.00

DOCUMENT # P99000086171

1. Entity Name

RAICO INTERNATIONAL CORP. ✓

Principal Place of Business

7831 N.W. 72nd AVE.
 MIAMI, FL. 33166

Mailing Address

7831 N.W. 72nd AVE.
 MIAMI, FL. 33166

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

780 N.W. 42nd AVE.

Suite, Apt. #, etc.

#416

City & State
 MIAMI FL

Zip

33126

Country

4. FEI Number

65-0950814

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

619983

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

VALDES-FAULI CORPORATE SERVICES, INC.
 TWO SOUTH BISCAYNE BLVD.
 SUITE 3400
 MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

ANGEL D. CORDOVA

Street Address (P.O. Box Number is Not Acceptable)

780 N.W. 42nd AVE. #416

City

MIAMI

FL

Zip Code
 33126

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 X

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/18/01

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	NOGUES, JULIO L.	
STREET ADDRESS	SALTA 263	
CITY-ST-ZIP	1074 BUENOS AIRES, ARGENTINA	
TITLE	DT	<input type="checkbox"/> Delete
NAME	DE ACHAVAL DE NOGUES, TERESA	
STREET ADDRESS	SALTA 263	
CITY-ST-ZIP	1074 BUENOS AIRES, ARGENTINA	
TITLE	DVS	<input type="checkbox"/> Delete
NAME	NOGUES, ERNESTO	
STREET ADDRESS	SALTA 263	
CITY-ST-ZIP	1074 BUENOS AIRES, ARGENTINA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NOGUES, GASTON	
STREET ADDRESS	SALTA 263	
CITY-ST-ZIP	1074 BUENOS AIRES, ARGENTINA	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JULIO L. NOGUES PRES.

Date

1/18/01

Daytime Phone #

CR2E034 (11/00)