

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

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**95 JUN 27 PM 1:42**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**700001526617  
-06/29/95--01014--030  
\*\*\*\*450.00 \*\*\*\*225.00**

DO NOT WRITE IN THIS SPACE.

**CORPORATION ANNUAL REPORT 1995**



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

**DOCUMENT # F94000005060 (8)**

1. Corporation Name  
**RAI, INC.**

Principal Place of Business  
**3191 CORAL WAY 3RD FLOOR  
MIAMI FL 33145**

Mailing Address  
**3191 CORAL WAY 3RD FLOOR  
MIAMI FL 33145**

2. Principal Place of Business	2a. Mailing Address
21 <b>N/A</b>	26 <b>N/A</b>
Suite, Apt. #, etc. 22 <b>N/A</b>	Suite, Apt. #, etc. 27 <b>N/A</b>
City & State 23 <b>N/A</b>	City & State 28 <b>N/A</b>
Zip 24 <b>N/A</b>	Country 25 <b>USA</b>
	Country 30 <b>USA</b>

3. Date Incorporated or Qualified <b>09/29/1994</b>	3b. Date of Last Report <b>N/A</b>
4. FEI Number <b>NOT APPLICABLE</b>	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**PATINO, RALPH G  
3191 CORAL WAY, 3RD FL  
MIAMI FL 33145**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	<b>N/A</b>
83	
84 City	<b>FL</b>
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 agent or registered agent for 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: Ralph A. Patino President & Registered Agent DATE: 1/10/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PCDT</b>	NAME <b>PATINO, RALPH G</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>3191 CORAL WAY, 3RD FLOOR</b>	CITY-ST-ZIP <b>MIAMI FL</b>	1.2 NAME	
TITLE <b>VS</b>	NAME <b>PATINO, YVETTE M</b>	1.3 STREET ADDRESS	
STREET ADDRESS <b>3191 CORAL WAY, 3RD FLOOR</b>	CITY-ST-ZIP <b>MIAMI FL</b>	1.4 CITY-ST-ZIP	
TITLE	NAME	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	2.2 NAME	
TITLE	NAME	2.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	2.4 CITY-ST-ZIP	
TITLE	NAME	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	3.2 NAME	
TITLE	NAME	3.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	3.4 CITY-ST-ZIP	
TITLE	NAME	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	4.2 NAME	
TITLE	NAME	4.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	4.4 CITY-ST-ZIP	
TITLE	NAME	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	5.2 NAME	
TITLE	NAME	5.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	6.2 NAME	
TITLE	NAME	6.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 for the reporting period; that I am duly empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 20 if changed, or on an attachment with an address.

SIGNATURE: Ralph A. Patino DATE: 1/10/95