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May 09 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 # 513441 (6)

1. Corporation Name
RACOLD, INC.



Principal Place of Business
**7899 W. 15 AVE.
 HIALEAH FL 33014**

Mailing Address
**7899 W. 15 AVE.
 HIALEAH FL 33014-3372**

3. Date Incorporated or Qualified
09/09/1976

3a. Date of Last Report
05/29/1996

2. Principal Place of Business
 21 **8322 DUNDGE TERR**
 Suite, Apt. #, etc.
 22 **MIAMI LAKES**
 City & State
 23 **FL**
 Zip
 24 **33016** Country
 25 **DADG**

2a. Mailing Address
 26 **8322 DUNDGE TERR**
 Suite, Apt. #, etc.
 27 **MIAMI LAKES FL**
 City & State
 28 **MIAMI LAKES FL**
 Zip
 29 **33016** Country
 30 **DADG**

4. FEI Number
59-1690127

Applied For
 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
ARIAS, RAUL
7899 WEST 15 AVE.
HIALEAH FL 33014

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE DELETE

NAME **P ARIAS, RAUL**

STREET ADDRESS **7899 W. 15 AVENUE**

CITY-ST-ZIP **HIALEAH FL**

TITLE DELETE

NAME **S ARIAS, MILAGROS**

STREET ADDRESS **7899 W. 15 AVENUE**

CITY-ST-ZIP **HIALEAH FL**

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME **PRESIDENT**

1.3 STREET ADDRESS **ARIAS RAUL**

1.4 CITY-ST-ZIP **8322 DUNDGE TERR MIAMI LAKES, FL 33016**

2.1 TITLE Change Addition

2.2 NAME **SECRETARY**

2.3 STREET ADDRESS **ARIAS MILAGROS**

2.4 CITY-ST-ZIP **8322 DUNDGE TERR MIAMI LAKES FL 33016**

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

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 as an attachment with an address.

SIGNATURE: **Raul Arias** **REQUIRED** **4/27/97** **305-5584623**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)