SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # 588977 (S)

1. Corporation Name
RAJA HOLDINGS, INC.

Principal Place of Business / Mailing Address

3. Date Incorporated or Qualified: 10/10/1978
3a. Date of Last Report: 1995

2. Principal Place of Business
21 5430 GALLOS POINT CIRCLE
Suite, Apt. #, etc.
22 ~~SARASOTA~~, ~~APT~~ 403
City & State
23 SARASOTA FLA
Zip
24 34231
Country
25 USA

2a. Mailing Address
26 5430 GALLOS POINT CIRCLE
Suite, Apt. #, etc.
27 ~~SA~~ 403
City & State
28 SARASOTA FLA
Zip
29 34231
Country
30 USA

4. FEI Number: 59-1967957 [ ] 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, at ability for filing [illegible] Florida Statutes [ ] Yes [ ] No

9. Name and Address of Current Registered Agent
BRAAM, JOHN
1404 N. LAKESHORE DRIVE
SARASOTA, FLA 34231

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 or 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

12. OFFICERS AND DIRECTORS

TITLE	PSD	[ ] DELETE
NAME	DENNIS, LISA RAE	
STREET ADDRESS	26 LAREDO COURT	
CITY-ST-ZIP	NORTH YORK, ONTARIO	
TITLE	V P	[ ] DELETE
NAME	DENNIS, JAMES L	
STREET ADDRESS	26 LAREDO COURT	
CITY-ST-ZIP	NORTH YORK, ONTARIO	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 TITLE		[ ] Change [ ] Addition
1 2 NAME		
1 3 STREET ADDRESS		
1 4 CITY-ST-ZIP		
2 TITLE		[ ] Change [ ] Addition
2 2 NAME		
2 3 STREET ADDRESS		
2 4 CITY-ST-ZIP		
3 TITLE		[ ] Change [ ] Addition
3 2 NAME		
3 3 STREET ADDRESS		
3 4 CITY-ST-ZIP		
4 TITLE		[ ] Change [ ] Addition
4 2 NAME		
4 3 STREET ADDRESS		
4 4 CITY-ST-ZIP		
5 TITLE		[ ] Change [ ] Addition
5 2 NAME		
5 3 STREET ADDRESS		
5 4 CITY-ST-ZIP		
6 TITLE		
6 2 NAME		
6 3 STREET ADDRESS		
6 4 CITY-ST-ZIP		

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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 119.07(1)(i), Florida Statutes. I further certify that the information indicated on this 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9 JUNE 1996
416 749-7778

CR2E034 (3/96)