

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **F01725** (3)

95 APR 10 PM 2: 18

1. Corporation Name
RAISSYJ, INC.

Principal Place of Business
**C/O JOSE RODRIGUEZ
17400 S.W. 63 MANOR
FT. LAUDERDALE FL 33331**

Mailing Address
**C/O JOSE RODRIGUEZ
17400 S.W. 63 MANOR
FT. LAUDERDALE FL 33331**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 10/15/1980	3a. Date of Last Report 04/20/1994
4. FEI Number 59-2029906	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$6.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent RODRIGUEZ, JOSE 17400 S.W. 63RD MANOR FT. LAUDERDALE 33331	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
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME RODRIGUEZ, JOSE	1 1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 17400 SW 63 MANOR		1 2 NAME	
CITY - ST - ZIP FT LAUDERDALE FL		1 3 STREET ADDRESS	
		1 4 CITY - ST - ZIP	
TITLE DS	NAME RODRIGUEZ, JUANITA	2 1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 17400 SW 63 MANOR		2 2 NAME	
CITY - ST - ZIP FT LAUDERDALE FL		2 3 STREET ADDRESS	
		2 4 CITY - ST - ZIP	
TITLE V	NAME RODRIGUEZ, RAYMOND J.	3 1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 14894 S. W. 45TH STREET		3 2 NAME	
CITY - ST - ZIP MIAMI FL		3 3 STREET ADDRESS	
		3 4 CITY - ST - ZIP	
TITLE		4 1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY - ST - ZIP		4 4 CITY - ST - ZIP	
TITLE		5 1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY - ST - ZIP		5 4 CITY - ST - ZIP	
TITLE		6 1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		6 2 NAME	
STREET ADDRESS		6 3 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 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: *Juanita Rodriguez* *Jose Rodriguez* **4/4/95** **(305) 572-0058**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #