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PROFIT
CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # **K01008** **(7)**

1. Corporation Name
RAHCO INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
% ALVIN L. MOSER ~~11232-7 ST. JOHNS INDUSTRIAL PKWY~~ ~~JACKSONVILLE FL 32216~~	% ALVIN L. MOSER ~~11232-7 ST. JOHNS INDUSTRIAL PKWY~~ ~~JACKSONVILLE FL 32246-6674~~

3. Date Incorporated or Qualified: 11/04/1987
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21 803 S. PONCE DE LEON BLVD.
22 Suite, Apt. #, etc.:
23 City & State: ST. AUGUSTINE, FL
24 Zip: 32084 25 Country: ST. JOHNS

2a. Mailing Address
SAME
27 Suite, Apt. #, etc.:
28 City & State:
29 Zip: 30 Country:

4. FEI Number: 59-2870431 ☐ 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

MOSER, ALVIN L.
~~11232-7 ST. JOHNS INDUSTRIAL PKWY~~
~~JACKSONVILLE FL 32216~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 803 S. PONCE DE LEON BLVD.
83
84 City: ST. AUGUSTINE 85 FL Zip Code: 32084

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: ALVIN L. MOSER, VICE PRESIDENT — 3/31/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MOSER, ALVIN L. ~~206 CRANES LAKE DR~~ ~~PONTE VEDRA FL~~	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	VICE PRESIDENT MOSER, ALVIN L. 850 S. A1A BEACH BLVD. #121 ST. AUGUSTINE BEACH, FL 32084	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LARA-MOSER, OLGA P. ~~206 CRANES LAKE DR~~ ~~PONTE VEDRA FL~~	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	PRESIDENT LARA-MOSER, OLGA P. 850 S. A1A BEACH BLVD. #121 ST. AUGUSTINE BEACH, FL 32084	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LARA, RAUL 1460 ELM ST STRATFORD CT	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SALGUERO, RICHARDO A 20815 CHATEAU AVE YORBA LINDA CA	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SALGUERO, JEFFREY 235 E 22ND STREET NEW YORK NY	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/96)

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 on an attachment with an address.

SIGNATURE: ALVIN L. MOSER VICE PRESIDENT — 3/31/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #