

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 13 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **M84548** (0)
1. Corporation Name
INTERNATIONAL RATTAN RESOURCE, INC.



Principal Place of Business
**1754 NW 82ND AVENUE
1754 N.W. 82ND AVENUE
MIAMI FL 33126
US**

Mailing Address
**1754 NW 82ND STREET
1754 N.W. 82ND AVENUE
MIAMI FL 33126
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/03/1988	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0056617	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**WARNER, KENNETH
7545 WEST 24TH AVE.
HIALEAH FL 33016**

10. Name and Address of New Registered Agent

81 Name **WARNER, KENNETH**
82 Street Address (P.O. Box Number is Not Acceptable)
1933 S.W. 27th Avenue
83
84 City **Miami** FL 85 Zip Code **33145**

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

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	P	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GAMBOA, RICARDO			1.2 NAME			
STREET ADDRESS	9179 FOUNTAINBLEU BLVD., STE. 4			1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33172			1.4 CITY-ST-ZIP			
TITLE	EVP	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SISON, JAIME R			2.2 NAME			
STREET ADDRESS	9179 FOUNTAINBLEU BLVD., STE. 4			2.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33172			2.4 CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SISON, MARIA L			3.2 NAME			
STREET ADDRESS	9179 FOUNTAINBLEU BLVD., STE. 4			3.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33172			3.4 CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> DELETE		4.1 TITLE	3	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WARNER, KENNETH			4.2 NAME	WARNER, KENNETH		
STREET ADDRESS	7545 WEST 24TH AVE.			4.3 STREET ADDRESS	1933 S.W. 27th Avenue		
CITY-ST-ZIP	HIALEAH FL 33016			4.4 CITY-ST-ZIP	Miami, FL 33145		
TITLE		<input type="checkbox"/> DELETE		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		<input type="checkbox"/> DELETE		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 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 the attachment with an address.

SIGNATURE:

[Signature]

3/5/98

CR2E034 (10/97)