

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P94000016720 (2)

1. Corporation Name
RAI INTERNATIONAL INCORPORATED



Principal Place of Business: % 7358 N.W. 34TH STREET MIAMI FL 33122
Mailing Address: % 7358 N.W. 34TH STREET MIAMI FL 33122

3. Date Incorporated or Qualified: 02/28/1994
3a. Date of Last Report: 11/27/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 9631 Fountainebleau Blvd	26 8357 W. FLAGLER ST	65-0615653	Not Applicable
22 Suite, Apt. #, etc. Suite 105	27 Suite, Apt. #, etc. SUITE 136	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 City & State MIAMI, FLORIDA	28 City & State MIAMI, FLORIDA	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 Zip 33172	25 Country USA	29 Zip 33144	30 Country USA

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
ARELLANO, RAFAEL 7358 N.W. 34TH STREET MIAMI FL 33122		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 607.1506, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ARELLANO, RAFAEL	1.1 TITLE	
NAME	7358 N.W. 34TH STREET	1.2 NAME	
STREET ADDRESS	MIAMI FL 33122	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 119.07(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: *Rafael Arellano* RAFAEL ARELLANO May 9, 96 (305) 5597880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (12/95)