
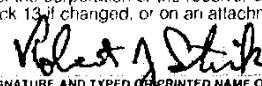


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Mar 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P94000041599 (9)					
1. Corporation Name RAHN BAHIA, INC.					
Principal Place of Business 1512 E. BROWARD BLVD., SUITE 301 FORT LAUDERDALE FL 33301			Mailing Address 1512 E. BROWARD BLVD., SUITE 301 FORT LAUDERDALE FL 33301-2180		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/03/1994	
21 450 E. Las Olas Blvd. Suite, Apt. #, etc. 22 Suite 700 City & State 23 Ft. Lauderdale, FL Zip 24 33301		26 450 E. Las Olas Blvd. Suite, Apt. #, etc. 27 Suite 700 City & State 28 Ft. Lauderdale, FL Zip 29 33301		3a. Date of Last Report 05/01/1996	
25		30		4. FEI Number 65-0498957	
25		30		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent GARDINA, CAROL J 1512 E BROWARD BLVD. SUITE 301 FORT LAUDERDALE FL 33301			10. Name and Address of New Registered Agent		
			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable) 450 E. Las Olas Blvd.		
			83 Suite 700		
			84 City Ft. Lauderdale, FL		
			85 Zip Code 33301		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
1.2 NAME					
1.3 STREET ADDRESS 450 E. Las Olas Blvd., Ste 700					
1.4 CITY-ST-ZIP Ft. Lauderdale, FL 33301					
2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
2.2 NAME					
2.3 STREET ADDRESS 450 E. Las Olas Blvd., Ste 700					
2.4 CITY-ST-ZIP Ft. Lauderdale, FL 33301					
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4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					
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:  Robert J. Stirk 3/3/97 (954) 524-5336					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____					

CR2E034 (9/96)