

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

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Mar 04 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 # P95000079184 (4)

1. Corporation Name
RAROMART CORP.



Principal Place of Business
POST OFFICE BOX 522631
MIAMI FL 33152

Mailing Address
POST OFFICE BOX 522631
MIAMI FL 33152-2631

3. Date Incorporated or Qualified: 10/16/1995
3a. Date of Last Report: 01/22/1996

| | | | | | | | |
|---|--|---------------------|--|---|--|------------------------------|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 4. FEI Number 65-0617692 | | Applied For | |
| 21 | | 25 | | | | Not Applicable | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | | 8.75 Additional Fee Required | |
| 22 | | 27 | | <input type="checkbox"/> | | | |
| City & State | | City & State | | 6. Election Campaign Financing Trust Fund Contribution | | 5.00 May Be Added to Fees | |
| 23 | | 28 | | <input type="checkbox"/> | | | |
| Zip | | Country | | Zip | | Country | |
| 24 | | 25 | | 29 | | 30 | |
| | | | | | | | |
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |

MARTINEZ, ENRIQUE
6340 PENT PLACE
MIAMI LAKES FL 33014

| | |
|----|--|
| 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 607.1508, 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 required for principal place of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating.)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-----------------------------------|---|---|
| TITLE | D <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CABRERA, RAUL | 1.2 NAME | |
| STREET ADDRESS | 13262 NW 9 LANE | 1.3 STREET ADDRESS | |
| CITY- ST- ZIP | MIAMI FL 33182 | 1.4 CITY- ST- ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MARTINEZ, ENRIQUE | 2.2 NAME | |
| STREET ADDRESS | 6340 PENT PLACE | 2.3 STREET ADDRESS | |
| CITY- ST- ZIP | MIAMI LAKES FL 33014 | 2.4 CITY- ST- ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | YAHIA, ROBERTO | 3.2 NAME | |
| STREET ADDRESS | 2360 NE 199 STREET | 3.3 STREET ADDRESS | |
| CITY- ST- ZIP | NORTH MIAMI BEACH FL 33180 | 3.4 CITY- ST- ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 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 | <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 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: *Cabrera* GUINER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR2E034 (9/96)