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

FILED Mar 02 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P96000017756 (3) RAINTREE INTERNATIONAL, INC. Principal Place of Business Mailing Address 550 BILTMORE WAY 550 BILTMORE WAY SHITE 780 SHITE 780 DO NOT WRITE IN THIS SPACE **CORAL GABLES FL 33134 CORAL GABLES FL 33134** 3. Date Incorporated or Qualified 02/27/1996 2. Principal Place of Business 26. Mailing Address Applied For 725 SE 914 COURT 725 SE COURT 65-0648829 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing HIALEAH. 28 Trust Fund Contribution Added to Fees This corporation owes or has paid the current year Intangible USA Personal Property Tax due June 30. Yes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 61 Name BARONE, GEORGE Street Address (P.O. Box Number is Not Acceptable) **550 BILTMORE WAY** 82 SUITE 780 83 **CORAL GABLES FL 33134** 84 HIALEAH 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. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signatury typed or purport name of registered agent a OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13, Change TITLE DELETE Addition BARONE, GEORGE 1.2 NAME NAME 725 S.E. 9+4 COURT **\$50 BILTMORE WAY., #780**-1.3 STREET ADDRESS STREET ADDRESS HIALEAH, FC. CORAL GABLES FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change TITLE 2.1 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition Change TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 51 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

61 TITLE

6.2 NAME

SIGNATURE:

CITY - ST - ZIP

STREET ADDRESS

NAME

DELETE

14. 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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the medical control of the corporation or the corporation or the corporation or the corporation or the corporation of the corporation or the corporation of the corporation of the corporation or the corporation of the cor

Daytime Phone #

Change

Addition