

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

FILED

May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000058162 (4)**

1. Corporation Name
A. R. E. INTERNATIONAL CORP.

Principal Place of Business
5800 SW 127TH AVE. #2305
MIAMI FL 33183

Mailing Address
5800 SW 127TH AVE. #2305
MIAMI FL 33183-1453



2. Principal Place of Business 21 10790 S.W. 58 Terr. Suite, Apt. #, etc.		2a. Mailing Address 26 P.O. Box 832722 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 07/11/1996	3a. Date of Last Report
22 City & State 23 MIAMI FL.		27 City & State 28 MIAMI FL.		4. FEI Number 65-0682017	Applied For Not Applicable
24 33173		25 U.S.A.		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
29 33283-2722		30 U.S.A.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent ROSAS, RENE JR. 5800 SW 127TH AVE. #2305 MIAMI FL 33183				10. Name and Address of New Registered Agent	

81 Name	82 Street Address (P.O. Box Number is Not Acceptable) 10790 S.W. 58 Terr.
83	
84 City MIAMI	85 Zip Code FL 33173

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	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSAS, RENE JR.	1.2 NAME	
STREET ADDRESS	5800 SW 127TH AVE. #2305	1.3 STREET ADDRESS	10790 S.W. 58 Terr.
CITY-ST-ZIP	MIAMI FL 33183	1.4 CITY-ST-ZIP	MIAMI FL. 33173
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSAS, ERICA	2.2 NAME	
STREET ADDRESS	5800 SW 127TH AVE. #2305	2.3 STREET ADDRESS	10790 S.W. 58 Terr.
CITY-ST-ZIP	MIAMI FL 33183	2.4 CITY-ST-ZIP	MIAMI, FL. 33173
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		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: **René Rosas** **RENE ROSAS** **4/17/97** **305-279-5414**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #