

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
 AMOUNT DUE ON OR BEFORE 9/17/97 \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT 1997

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



FILED

97 AUG -6 PM 1:54

SECRETARY OF STATE FLORIDA

DOCUMENT # P96000088087 (7)

1. Corporation Name
 RAGSA CORP.

Principal Place of Business
 C/O ROTH MILNE & ROUSSO
 9350 SOUTH DIXIE HIGHWAY PH 2
 MIAMI FL 33156

Mailing Address
 C/O ROTH MILNE & ROUSSO
 9350 SOUTH DIXIE HIGHWAY PH 2
 MIAMI FL 33156

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
 10/25/1996

3a. Date of Last Report

4. FEI Number
 65-0707259.-

Applied For
 Yes
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country

9. Name and Address of Current Registered Agent
 ROTH, LEONARDO A
 9350 SOUTH DIXIE HIGHWAY PH 2
 MIAMI FL 33156

10. Name and Address of New Registered Agent
 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: *Leonardo A. Roth* (NOTE: Registered Agent signature required when reinstating) DATE: 4/20/97

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GARCIA, HUGO O	
STREET ADDRESS	100 LINCOLN ROAD APT 1519	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	VTO	<input type="checkbox"/> DELETE
NAME	RAPPS, NORBERTO R	
STREET ADDRESS	ALSINA 71 APT 12 C	
CITY-ST-ZIP	BUENOS AIRES ARGENTINA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DE SALVUCCI, CATERINA G	
STREET ADDRESS	VIEYTES 1122 MARTINEZ	
CITY-ST-ZIP	BUENOS AIRES ARGENTINA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ASCENSO, ENEA J	
STREET ADDRESS	EDUARDO COSTA 1850	
CITY-ST-ZIP	BUENOS AIRES ARGENTINA	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	SALVUCCI, KARIN C	
STREET ADDRESS	VIEYTES 1122 MARTINEZ	
CITY-ST-ZIP	BUENOS AIRES ARGENTINA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Garcia Martin Rodrigo	
STREET ADDRESS	100 Lincoln Rd. Apt. 1519.-	
CITY-ST-ZIP	Miami Beach FL 33139.-	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	100002264701--9
1.4 CITY-ST-ZIP	-08/12/97--01064--011
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	***165.00 ***165.00
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 checked="" 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. What 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: *[Signature]* 04-30-97 (305) 5310131-
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 6048034