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

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(6)

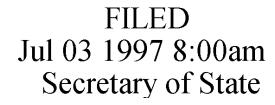
R. A. E. ENTERPRISES, INC.

Principal Place of Business

Mailing Address

% RICARDO L. ALFARO

% RICARDO L. ALFARO





MIAMI FL 3318		MIAMI FL 33187-1410								
						3. Date Incorporated or Qualified 03/23/1992	3a. Date of 04/24/1		eport	
	ace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number			plied For	
21		26				65-0319480			t Applicable	
Suite, Apt. (#, etc.	Suite, Apt. #, etc.	<u>├</u>			5. Certificate of Status Desired			Additional	
City & State		27 City P. Otato	City & State				····	Fee Re	·	
)	—	├ ── '			6. Election Campaign Financing			May Bo	
Z ip	Country Zip			untry	,	Trust Fund Contribution		Added t		
24	25	29	30	Ontry		8. This corporation has liability for in Florida Statutes	tangible tax u Yes 🔀 No		199.032,	
24	9. Name and Address of C		1301	Ţ		10. Name and Address of New Reg				
ALFARO, RICARDO L.				81	Name					
15421 S.W. 180 ST				_	A	(50.6.)				
	WI FL 33187			82	Street Add	lress (P.O. Box Number is Not Acceptable	e)			
******				83						
										
				B4	City		FL 85	Zip (Code	
11. Pursuant to the provisions of Sections 607,0502 and 607,1508. Florida Statutes, the shove-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										
Signature, typod or printed name of registered agent and title if applicable. (NOTE: Hegiste					ent signature requ	ried when reinstating)	DATE			
12.		S AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE				
TITLE	D	☐ DELETE	1.1]	TITLE				hange	☐ Addition	
NAME	ALFARO, RICARDO L.		1.2 NAM							
STREET ADDRESS	15421 S.W. 160 ST				ADDRESS					
CITY-ST-ZIP	MIAMI FL			1.4 City-St-ZiP			· ··			
TITLE	D	☐ DELETE	•	TITLE	1		μu	Change	Addition	
NAME	ALFARO, AMELIA		2.2 N							
STREET ADDRESS	15421 S.W. 160 ST MIAMI FL		2.3 \$1							
CITY-ST-ZIP	MIVMI FL	DELETE		2. 4 CITY-ST-ZIP 3.1 TITLE			-	hange	Addition	
TITLE		_ preceie	3.2 NAME		1			nange	☐ Addition	
NAME STREET ADDRESS					*DDBEC¢					
CITY-ST-ZIP					ADDRESS					
TITLE		DELETE		GHY-S HTLE	\$1 · ZIP			hange	Addition	
NAME		La secció		NAME				B		
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP				OITY-S						
TITLE		DELETE	5.1 1		11-211			hange	Addition	
NAME				NAME				-	_	
STREET ADDRESS			1		ADDRESS				ĺ	
CITY-ST-ZIP				CITY-S						
TITLE		DELETE	611		-			hange	Addition	
NAME				NAME					ļ	
STREET ADDRESS					ADDRESS				1	
CITY-ST-ZIP				CHTY-S						
4 VI E			3,71	J. 1 1 0	1					

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 12 if chapter 607, or an attachment with an address.

ALIELIA ALEARD 1 30-07 1305 255 7081