

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Sep 17 1998 8:00am  
Secretary of State

0045361

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **V32310 (7)**  
1. Corporation Name  
**R. & A. INTERNATIONAL INVESTMENTS, INC.**



Principal Place of Business <b>7705 S.W. 110 STREET MIAMI FL 33156</b>	Mailing Address <b>7705 S.W. 110 STREET MIAMI FL 33156</b>
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>6610 SW 54 Lane</b> Suite, Apt. #, etc.		2a. Mailing Address 26 <b>6610 SW 54 Lane</b> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>04/13/1992</b>	
22 City & State 23 <b>Miami Fla</b>		27 City & State 28 <b>Miami Fla</b>		4. FEI Number <b>65-0336374</b> Applied For <input type="checkbox"/> Not Applicable	
24 Zip <b>33155</b>		25 Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
26 Zip <b>33155</b>		27 Country <b>USA</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent <b>GOMEZ-GRACIA, CARLOS 7705 S.W. 110 STREET MIAMI FL 33156</b>				10. Name and Address of New Registered Agent 81 Name <b>GOMEZ-GRACIA CARLOS</b> 82 Street Address (P.O. Box Number is Not Acceptable) 83 <b>6610 SW 54 Lane</b> 84 City <b>Miami</b> FL 85 Zip Code <b>33155</b>			
--	--	--	--	--	--	--	--

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		Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS					
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE			
NAME	<b>GOMEZ-GRACIA, CARLOS</b>				
STREET ADDRESS	<b>7705 S.W. 110 STREET</b>				
CITY-ST-ZIP	<b>MIAMI FL 33156</b>				
TITLE	<b>STD</b>	<input type="checkbox"/> DELETE			
NAME	<b>DIAMANTESCIA, ISABEL</b>				
STREET ADDRESS	<b>7705 S.W. 110 STREET</b>				
CITY-ST-ZIP	<b>MIAMI FL 33156</b>				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME	<b>GOMEZ-GRACIA CARLOS</b>				
1.3 STREET ADDRESS	<b>6610 SW 54 Lane.</b>				
1.4 CITY-ST-ZIP	<b>Miami Fla 33155</b>				
2.1 TITLE	<b>STD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME	<b>GOMEZ-GRACIA ISABEL</b>				
2.3 STREET ADDRESS	<b>6610 SW 54 Lane</b>				
2.4 CITY-ST-ZIP	<b>Miami Fla 33155</b>				
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 type="checkbox"/> Addition			
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

14. I 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 by attachment with an address.

SIGNATURE:  **Carlos Gomez-Gracia** 9/10/98 305-661 4119  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/98)