

FILED
May 05 1998 8:00am
Secretary of State

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

DOCUMENT # V41154 (8)
1. Corporation Name
RASILE, INC.

2. Principal Place of Business		2a. Mailing Address	
21		2b	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip	Country	Zip	Country
24	25	29	30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/04/1992			
4. FEI Number 65-0343133	<table border="1"> <tr> <td>Applied For</td> </tr> <tr> <td><input checked="" type="checkbox"/> Not Applicable</td> </tr> </table>	Applied For	<input checked="" type="checkbox"/> Not Applicable
Applied For			
<input checked="" type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required		
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent	
DI NARDO, FEDERICO 23131 RAINBOW RD. BOCA RATON FL 33428	81 Name
	82 Street Address
	83
	84 City

10. Name and Address of New Registered Agent

_____ (P.O. Box Number is Not Acceptable)

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

Signature: typed or printed name of respondent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE _____

12.		OFFICERS AND DIRECTORS		13.	
TITLE	PS	<input type="checkbox"/> DELETE		1.1 TITLE	
NAME	DI NARDO, FEDERICO			1.2 NAME	
STREET ADDRESS	23131 RAINBOW RD.			1.3 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL			1.4 CITY - ST - ZIP	
TITLE	VT	<input type="checkbox"/> DELETE		2.1 TITLE	
NAME	ANTEQUERA, JOSE RAFAEL			2.2 NAME	
STREET ADDRESS	5520 NW 77TH CT.			2.3 STREET ADDRESS	
CITY - ST - ZIP	POMPANO BEACH FL			2.4 CITY - ST - ZIP	
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	
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	
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	
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	
NAME				6.2 NAME	
STREET ADDRESS				6.3 STREET ADDRESS	
CITY - ST - ZIP				6.4 CITY - ST - ZIP	

[illegible]

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 on an attachment with an address.

SIGNATURE: Federico J. Nardo 4/24/58 ⁽⁵⁸⁾ 482-4726

CR2E034 (10/97)