

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # P94000043611 (0)**

1. Corporation Name  
**J.R.A. INVESTMENTS, INC.**



Principal Place of Business: **4415 MONSERRATE CORAL GABLES FL 33146**  
Mailing Address: **4415 MONSERRATE CORAL GABLES FL 33146**

2. Principal Place of Business (21-25)  
2a. Mailing Address (26-30)

3. Date Incorporated or Qualified: **06/10/1994**  
3a. Date of Last Report: **01/24/1995**  
4. FEIN Number: **65-0498997**  
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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

**9. Name and Address of Current Registered Agent**

**DAHAN, SIMON  
4415 MONSERRATE  
CORAL GABLES FL 33146**

**10. Name and Address of New Registered Agent**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0507 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 607.0506, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature of Registered Agent: \_\_\_\_\_ Date of Signature: \_\_\_\_\_  
Signature of Registered Agent: \_\_\_\_\_ Date of Signature: \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

1. NAME: **DAHAN, SIMON**  
2. STREET ADDRESS: **4415 MONSERRATE**  
3. CITY, ST, ZIP: **CORAL GABLES FL 33146**  
4. TITLE: **D**

5. NAME: **DAHAN, JEANETE**  
6. STREET ADDRESS: **4415 MONSERRATE**  
7. CITY, ST, ZIP: **CORAL GABLES FL 33146**  
8. TITLE: **D**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1. TITLE:  Change  Addition  
2. NAME  
3. STREET ADDRESS  
4. CITY, ST, ZIP:  Change  Addition  
5. NAME:  Change  Addition  
6. STREET ADDRESS  
7. CITY, ST, ZIP:  Change  Addition  
8. TITLE:  Change  Addition  
9. NAME  
10. STREET ADDRESS  
11. CITY, ST, ZIP:  Change  Addition  
12. TITLE:  Change  Addition  
13. NAME  
14. STREET ADDRESS  
15. CITY, ST, ZIP:  Change  Addition  
16. TITLE:  Change  Addition  
17. NAME  
18. STREET ADDRESS  
19. CITY, ST, ZIP:  Change  Addition  
20. TITLE:  Change  Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *[Signature]* **SIMON DAHAN** 1/30/96 305-665-1845  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone

CR2E034 (12/95)