

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 566808

(2)

1. Corporation Name

R. A. ENTERPRISES, INC.

Principal Place of Business

Mailing Address

8200 S DADELAND BLVD
STE - 405
MIAMI FL 33156
US

P O BOX 430785 N/A
MIAMI FL 33243-9785
US



2. Principal Place of Business

2a. Mailing Address

21 8081 S.W. 72 ST.

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 MIAMI FL

28

Zip

Country

Zip

Country

24 33143

25

USA

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DIAZ, ANGEL, JR. MR.
8200 S DADELAND BLVD
STE - 405
MIAMI FL 33156

81 Name

DIAZ, ANGEL, JR. MR.

82

Street Address (P.O. Box Number is Not Acceptable)

8081 S.W. 72 ST.

83

84 City

MIAMI

FL

85

Zip Code

33143

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's signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE VP
NAME DIAZ, NANCY
STREET ADDRESS BOX 430785
CITY-ST-ZIP MIAMI FL
☐ DELETE

TITLE ST
NAME DIAZ, ANGEL, SR.
STREET ADDRESS BOX 430785
CITY-ST-ZIP MIAMI FL
☐ DELETE

TITLE PD
NAME DIAZ, ANGEL, JR.
STREET ADDRESS BOX 430785
CITY-ST-ZIP MIAMI FL
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

ANGEL DIAZ JR.

ANGEL DIAZ JR.

7/10/96

305-288-3230

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)