

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 27 AM 8:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K30291

(4)

1. Corporation Name

RAYA'S CAPRI, INC.

Principal Place of Business

6315 MIRAMAR PKWY
MIRAMAR FL 33023

Mailing Address

6315 MIRAMAR PKWY
MIRAMAR FL 33023

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
08/05/1988

3a. Date of Last Report
11/21/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

4. FEI Number

65-0070023

Applied For

Not Applicable

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 § 193.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RAYA, WILLIAM
6329 MIRAMAR PKWY
MIRAMAR FL 33023

81 Name

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

83

84 City

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

William Raya

(NOTE: Registered Agent signature required when resigning)

4-17-95

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
PD	RAYA, WILLIAM	6329 MIRAMAR PKWY MIRAMAR FL	
D	RAYA, ROBBIE	6329 MIRAMAR PKWY MIRAMAR FL	

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP
☐ Change ☐ Addition		6315 MIRAMAR PKY	
☐ Change ☐ Addition		6315 MIRAMAR PKY	
☐ Change ☐ Addition			
☐ Change ☐ Addition			
☐ Change ☐ Addition			
☐ Change ☐ Addition			
☐ 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

William Raya

William Raya

4-17-95

981-4627

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

TELEPHONE NUMBER