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Profit Corporation Annual Report

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000027270 (5)

RA INTERESTS, INC.

## FILED Apr 23 1997 8:00am Secretary of State



Principal Place of Business 5890 SW 85 AVE. MIAMI FL 33143		Mailing Address 5890 SW 85 AVE. MIAMI FL 33143-1532				# 1001/001 (10 101/) 0101/ 0101/ 001/) 001// 001// 001// 100// 100// 100// 100// 100//		
						3. Date Incorporated or Qualified 04/08/1994	3a. Date of Le 04/10/199	
2. Principal Piace of Business		2a. Mailing Address				4. FEI Number 65-0501719		Applied For Not Applicable
Suite. Apt.	#, etc.	Suite, Apt. #,	etc.			5. Certificate of Status Desired		75 Additional e Required
City & Stat	le	City & State				Election Campaign Financing     Trust Fund Contribution	\$5	.00 May Be
Zip	Country	Zip		Country		8. This corporation has liability for i		
1	25	29	30	5]		Florida Statutes	Yes No	·
	<ol><li>Name and Address of Cu</li></ol>	irrent Registered Agent			······	10, Name and Address of New Re	gistered Agent	
MOR	reira, robert			B1	Name			
	0 SW 85 AVE. MI FL 33143			62	Street Ad	dress (P.O. Box Number is Not Acceptab	le)	
MILA	MI 1 L 00170			83				7.4.110
				84	City		85	Zip Code
					_	orporation submits this statement for the pration's board of directors. I hereby accep	- FL	
SIGNATURE								
	Signature, typed or printed name of registers		(NOTE R		ent signature req	quired when reinstating)	DATE	
12.		AND DIRECTORS		13.	ent signature req	quired when reinstating) ADDITIONS/CHANGES TO OFFICE	ERS AND DIREC	
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I. I do hereby certify that the information applied with this filing gloss and hualify for the exemption stated in Section 119.07(3)(i). Florida Statutes: I further certify that the information indicated on this annual/eport or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the comporation of the receiver of usless impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, for an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-97 305 31/600/