## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

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Zip

P94000027270 (5)

2a. Mailing Address

City & State

Suite, Apt. #, etc.

RA INTERESTS, INC.

Principal Place of Business	Mailing Address		
5890 SW 85 AVE.	5890 SW 85 AVE.		
MIAMI FL 33143	MIAMI FL 33143		

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Country

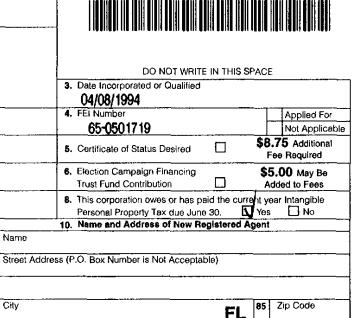
9. Name and Address of Current Registered Agent

25

MOREIRA, ROBERT 5890 SW 85 AVE.

**MIAMI FL 33143** 

## FILED Apr 16 1998 8:00am Secretary of State



1. 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.

Country

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SIGNATURE	Signature, typed or printed name of registered agent and fil	tte if applicable (NOTE:	Registered Agent signature requir	red when reinstating) DATE	
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	DELETE	1.1 TITLE	Change	Addition
NAME	Moreira, Robert		1.2 NAME		
STREET ADDRESS	5890 SW 85 AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33143		1.4 CITY - ST - ZIP		
TITLE	V	DELETE	2.1 TITLE	Change	Addition
RAME	FERNANDEZ, MARIA		2.2 NAME	•	
STREET ADDRESS	5237 LAGORUE DRIVE		2.3 STREET ADDRESS		Ţ
CITY-ST-ZIP	MIAMI BEACH FL 33140		2. 4 CITY-ST-ZIP		
TITLE		☐ DELETE	31 TITLE	Change	Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP	-		3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	☐ Change	Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	Change	☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	☐ Change	Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	/_/		6.4 CITY - ST - ZIP		

14. Thereby certify that the information supplied with this filing does by qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report is fue 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 cocyporation or the received or trustee employed 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 altanymont with any address.

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4-8-99 305779-7861