FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996 8/16/96 B-7829-C

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

DOCUMENT # P94000086558 (1)

1. Corporation Name

H.R.A. ENTERPRISES, INC.

Principal Place of Business: ~~750 FLAGAMI BLVD. MIAMI FL 33144-2524~~

Mailing Address: ~~750 FLAGAMI BLVD. MIAMI FL 33144-2524~~

2. Principal Place of Business	2a. Mailing Address
21 7066 N.W. 77 CT	26 7066 N.W. 77 CT
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Miami - Florida	28 City & State: Miami - Florida
24 Zip: 33166 / 25 Country: U.S.A.	29 Zip: 33166 / 30 Country: U.S.A.

3. Date Incorporated or Qualified: 11/28/1994

3a. Date of Last Report: 08/14/1995

4. FEI Number: 65-0538530 — 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 s. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

FERNANDEZ, CRISTINA P
2311 S.W. 89TH COURT
MIAMI FL 33165

10. Name and Address of New Registered Agent

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 _____ Signature, typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when resisting.) DATE

12. OFFICERS AND DIRECTORS

TITLE	PTD	☐ DELETE
NAME	ACABA, RALPH	
STREET ADDRESS	11765 SW 18TH ST. #7	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE	SD	☐ DELETE
NAME	VALDARRAMA, HENRY	
STREET ADDRESS	14390 SW 97TH LANE	
CITY-ST-ZIP	KENDALL FL 33186	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X [signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 8/12/96 Date 305-470-7200 Daytime Phone #

CR2E034 (12/95)