

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. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000000361 (1)

1. Corporation Name

R.A. HOLDINGS, INC.



Principal Place of Business

Mailing Address

3429 GULF WIND CIRCLE  
SPRING HILL FL 34607

3429 GULF WIND CIRCLE  
SPRING HILL FL 34607

3. Date Incorporated or Qualified

3a. Date of Last Report

12/29/1995

2. Principal Place of Business

2a. Mailing Address

21 1560 GULF BLVD.

26 1560 GULF BLVD.

4. FEI Number

Applied For

65-0638377

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

10. Name and Address of New Registered Agent

ANDRADE, WALDIR  
3429 GULF WIND CIRCLE  
SPRING HILL FL 34607

81 Name  
ANDRADE, WALDIR

82 Street Address (P.O. Box Number is Not Acceptable)  
1560 GULF BLVD.

83

84 City  
CLEARWATER,

FL 85 Zip Code  
34630

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 then applicable

(If "E" Registered Agent signature required when registering)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME D  
STREET ADDRESS ANDRADE, WALDIR  
CITY-ST-ZIP 3429 GULF WIND CIRCLE  
SPRING HILL FL 34607

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME D/P/S/T  
1.3 STREET ADDRESS ANDRADE, WALDIR  
1.4 CITY-ST-ZIP 1560 GULF BLVD.  
CLEARWATER, FL 34630

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition  
2.2 NAME VP/ASST. S  
2.3 STREET ADDRESS REVLAS, ABILIO  
2.4 CITY-ST-ZIP 13020 JOCELYN  
SPRING HILL, FL 34607

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
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:

*Waldir Andrade*

WALDIR ANDRADE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*8/2/96 (813) 596-2740*

Date Daytime Phone

CR2E034 (3/96)