## 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 #

P96000077354 (4)

JRA, INC.

Principal Place of Business Mailing Address 9075 SW 87 AVE P.O. BOX 143653 CORAL GABLES FL 33114-3653 400-4 MIAMI FL 33176 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/16/1996 4. FEI Number 2. Principal Place of Business 2s. Mailing Address Applied For Not Applicable 65-0700107 26 Suite, Apt #, etc. Suite, Apt. #, etc. 8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name FERRER, JOAQUIN J JR 11458 S.W. 74TH STREET Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33173** City 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Addition DELETE Change 1.1 TITLE TITLE FERRER, JOAQUIN J 1.2 NAME MAME 11458 SW 74 ST STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33173** 1.4 CITY - ST - ZIP CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE FERRER, JOAQUIN J JR. 2.2 NAME NAME 11458 S.W. 74 ST. 2.3 STREET ADDRESS STREET ADDRESS MAMI FL 33173 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition NAME 3.2 NAME

64 CITY-ST-ZIP

14. If hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, or on an attachment with an address.

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

**6.3 STREET ADDRESS** 

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

3.4. CITY-ST-ZIP

4.1 TITLE

4. 2 NAME

5.1 TITLE 5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

\_\_ DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

TITLE

NAME STREET ADDRESS

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racing Fores

LOSQUEN STEPPER 4-17-98

(305) 270-7800

Change Addition

R2E034 (10/97)

Addition

Addition

Change

Change

**FILED** 

Apr 28 1998 8:00am

Secretary of State