

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 27 AM 10:14

DOCUMENT # **437166** (2)

1. Corporation Name

RAMOS' ONE WAY EXTERMINATORS, INC.

Principal Place of Business

Mailing Address

0790 SW 8 ST
SUITE 5
MIAMI FL 33174

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SUITE 5
MIAMI FL 33174

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

10/01/1973

05/01/1994

4. FEI Number

59-1485984

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

2. Principal Place of Business

2b. Mailing Address

21

26

Suite Apt # etc

Suite Apt # etc

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RAMOS (JOSE A.)
10320 SW 55TH ST
MIAMI FL

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

Ramos

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reappointing)

(DATE)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME RAMOS, JOSE A.
STREET ADDRESS 10320 SW 55TH ST
CITY, ST, ZIP MIAMI FL

11 TITLE Change Addition
12 NAME
13 STREET ADDRESS
14 CITY, ST, ZIP

TITLE V
NAME RAMOS, JOSEPH A JR
STREET ADDRESS 10320 SW 55TH ST
CITY, ST, ZIP MIAMI FL

21 TITLE Change Addition
22 NAME
23 STREET ADDRESS
24 CITY, ST, ZIP

TITLE S
NAME RAMOS, CRISTINA
STREET ADDRESS 10320 SW 55TH ST
CITY, ST, ZIP MIAMI FL

31 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

41 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 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 (67C00), 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 007, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE:

Ramos J. A. Ramos

(Signature and typed or printed name of signing officer or director)

3/21/95

(Date)

551-8366

(Telephone Number)