

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # 598816

(7)

1. Corporation Name

RAM TURBOS, INC.

FILED

1995 JUL 19 AM 10:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

2300 N MIAMI AVE  
MIAMI FL 33127-4432

Mailing Address

2300 N MIAMI AVE  
MIAMI FL 33127-4432

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/29/1978

3a. Date of Last Report

05/12/1994

4. FEI Number

59-1879417

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

21

Suite, Apt. #, etc.

22. City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27. City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

RAMIREZ, DWIGHT  
2300 NORTH MIAMI AVENUE  
MIAMI FL 33137

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 (do if applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

P  
RAMIREZ, DWIGHT  
2300 N MIAMI AVE  
MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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)(b), Florida Statutes. I certify that the information furnished on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if the officer or director of the corporation or the member 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 in changed, or as an amendment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Day Month Year

CR2E034 (3/95)