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

APPROVED AND FILED
95 APR 26 AM 9:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K08790 (3)

1. Corporation Name
R.A.M. PRODUCTIONS, INC.

Principal Place of Business	Mailing Address
~~8942 EMERSON AVE~~ 525 93rd Street SURFSIDE FL 33154	~~8942 EMERSON AVE~~ 525 93rd Street SURFSIDE FL 33154

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/23/1987
3a. Date of Last Report: 04/18/1994

2. Principal Place of Business
21: 525 93rd Street
22: Suite, Apt. #, etc.
23: City & State: Surfside FL
24: Zip: 33154
25: Country: DADE

2a. Mailing Address
26: 525 93rd Street
27: Suite, Apt. #, etc.
28: City & State: Surfside FL
29: Zip: 33154
30: Country: DADE

4. FEI Number: 65-0021814 ☐ 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

MARQUEZ, ROBERT A.
~~8942 EMERSON AVE.~~ 525 ~~EMERSON AVE~~ 93rd St.
SURFSIDE FL 33154

10. Name and Address of New Registered Agent

81 Name: MARQUEZ, ROBERT A.
82 Street Address (P.O. Box Number is Not Acceptable): 525 93rd St.
83:
84 City: Surfside FL 85 Zip Code: 33154

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: Robert A. Marquez — ROBERT A. MARQUEZ — 01-25-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MARQUEZ, ROBERT A. ~~8942 EMERSON AVE.~~ SURFSIDE FL	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☒ Change ☐ Addition PD MARQUEZ, ROBERT A. 525 93rd St. Surfside FL 33154
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		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)(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: Robert A. Marquez — ROBERT A. MARQUEZ — 01-25-95 — (305) 866-2988
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone Number

CP