

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

May 14 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P94000055305 (4)

1. Corporation Name  
RAMARSA, INC.



Principal Place of Business

Mailing Address

11826 S.W. 100TH ST  
MIAMI FL 33186  
US

11826 S.W. 100TH ST  
MIAMI FL 33186  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/26/1994

4. FEI Number

65-0507536

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 13951 KENDALE LAKES CIR.

Suite, Apt. #, etc.

22 A-403

City & State

23 MIAMI, FL.

Zip

24 33183

Country

25

2a. Mailing Address

26 13951 KENDALE LAKES CIR.

Suite, Apt. #, etc.

27 A-403

City & State

28 MIAMI, FL.

Zip

29 33183

Country

30

9. Name and Address of Current Registered Agent

RAMOS, HECTOR  
11826 S.W. 100TH ST  
MIAMI FL 33186

10. Name and Address of New Registered Agent

81 Name RAMOS, HECTOR

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

13951 KENDALE LAKES CIR

83 A-403

84 City MIAMI

FL

85 Zip Code 33183

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 title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PT ☐ DELETE

NAME RAMOS, HECTOR G  
STREET ADDRESS 11826 SW 100TH ST  
CITY-ST-ZIP MIAMI FL 33186

TITLE VPS ☐ DELETE

NAME RAMOS, AMANDA  
STREET ADDRESS 11826 SW 100TH ST  
CITY-ST-ZIP MIAMI FL 33186

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT ☒ Change ☐ Addition  
1.2 NAME RAMOS, HECTOR G.  
1.3 STREET ADDRESS 13951 KENDALE LAKES CIR A-403  
1.4 CITY-ST-ZIP MIAMI, FL., 33183

2.1 TITLE VICE-PRESIDENT ☒ Change ☐ Addition  
2.2 NAME RAMOS, AMANDA  
2.3 STREET ADDRESS 13951 KENDALE LAKES CIR A-403  
2.4 CITY-ST-ZIP MIAMI, FL., 33183

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

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

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

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

14. I 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 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

*[Signature]*

4/20/98

13057380-6529

CR2E034 (10/97)