

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 497374 (9)

1. Corporation Name

RAM ALUMINIUM CORPORATION



Principal Place of Business

% SIDNEY EFRONSON
12330 N.W. 7TH AVE.
NORTH MIAMI FL 33168

Mailing Address

% ROLANDO ARAGUNDE
12330 N.W. 7TH AVE.
NORTH MIAMI FL 33168
US

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

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Zip

Country

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Zip

Country

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9. Name and Address of Current Registered Agent

ARAGUNDE, ROLANDO M
12330 NW 7TH AVE
MIAMI FL 33168

3. Date Incorporated or Qualified

02/24/1976

3a. Date of Last Report

01/27/1995

4. FEI Number

59-1666513

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

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 required for principal officer or director of corporation (if applicable)

(NOTE: Registered Agent Signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE
NAME P
STREET ADDRESS ARAGUNDE, ROLANDO M.
CITY-ST-ZIP 12330 NW 7TH AVENUE
MIAMI FL

2. TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1. TITLE ☐ Change ☐ Addition

2. 2. NAME

3. 3. STREET ADDRESS

4. 4. CITY-ST-ZIP

5. 5. TITLE ☐ Change ☐ Addition

6. 6. NAME

7. 7. STREET ADDRESS

8. 8. CITY-ST-ZIP

9. 9. TITLE ☐ Change ☐ Addition

10. 10. NAME

11. 11. STREET ADDRESS

12. 12. CITY-ST-ZIP

13. 13. TITLE ☐ Change ☐ Addition

14. 14. NAME

15. 15. STREET ADDRESS

16. 16. CITY-ST-ZIP

17. 17. TITLE ☐ Change ☐ Addition

18. 18. NAME

19. 19. STREET ADDRESS

20. 20. CITY-ST-ZIP

21. 21. TITLE ☐ Change ☐ Addition

22. 22. NAME

23. 23. STREET ADDRESS

24. 24. CITY-ST-ZIP

25. 25. TITLE ☐ Change ☐ Addition

26. 26. NAME

27. 27. STREET ADDRESS

28. 28. CITY-ST-ZIP

29. 29. TITLE ☐ Change ☐ Addition

30. 30. NAME

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/96

(305) 687-0808

CR2E034 (12/95)