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Secretary of State

03-11-1999 90065 034 \*\*\*150.00

| PROFIT CORPORATION<br>ANNUAL REPORT<br>1999   |  | <br>FLORIDA DEPARTMENT OF STATE<br>Katherine Harris<br>Secretary of State<br>DIVISION OF CORPORATIONS |  |
|---|--|--|--|
| DOCUMENT # 497374   |  |  |  |
| 1. Corporation Name<br>RAM ALUMINUM CORPORATION   |  |  |  |
| Principal Place of Business<br>Rolando Aragunde<br>12330 N.W. 7th Ave.<br>North Miami, FL. 33168  |  | Mailing Address  |  |
| 2. Principal Place of Business  |  | 2a. Mailing Address  |  |
| 21 Suite, Apt. #, etc.  |  | 26 Suite, Apt. #, etc.   |  |
| 22 City & State   |  | 27 City & State  |  |
| 23 Zip Country  |  | 28 Zip Country   |  |
| 24  |  | 29   |  |
| 9. Name and Address of Current Registered Agent<br>ARAGUNDE, Rolando M.<br>12330 N.W. 7th Ave.<br>Miami, FL. 33168  |  | 10. Name and Address of New Registered Agent   |  |
| 81 Name   |  | 82 Street Address (P.O. Box Number is Not Acceptable)  |  |
| 83  |  | 84 City  |  |
| 85 Zip Code   |  | FL   |  |
| 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<br>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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-ST-ZIP   |  |

SIGNATURE:

Signature and typed or printed name of signing officer or director  
Rolando Aragunde 2/12/99 (305) 681-0808