

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 10: 21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 599142 (7)

1. Corporation Name
RAMEL, INC.

Principal Place of Business
11531 S. W-12 CT.
FT. LAUDERDALE FL 33325

Mailing Address
11531 S. W-12 CT.
FT. LAUDERDALE FL 33325

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/04/1979	3a. Date of Last Report 04/29/1994
4. FEI Number 59-2225752	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 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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9. Name and Address of Current Registered Agent
STERNBERG, LES P., ESQ.
5975 W. SUNRISE BLVD. #218
SUNRISE FL 33313

10. Name and Address of New Registered Agent
81 Name DON Drybread
82 Street Address (P.O. Box Number is Not Acceptable)
11531 S. W. 12 CT.
83
84 City FT. Lauderdale FL 85 Zip Code 33325

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, hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Don Drybread* DATE 4-24-95
(Signature, typed or printed name of registered agent and fee if applicable) (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	DRYBREAD, DON	1.2 NAME	
STREET ADDRESS	11531 S.W. 12 CT.	1.3 STREET ADDRESS	
CITY - ST - ZIP	FT. LAUDERDALE FL 33325	1.4 CITY - ST - ZIP	
TITLE	S	2.1 TITLE	☐ Change ☐ Addition
NAME	DRYBREAD, JACQUELINE	2.2 NAME	
STREET ADDRESS	11531 S.W. 12 CT.	2.3 STREET ADDRESS	
CITY - ST - ZIP	FT. LAUDERDALE FL 33325	2.4 CITY - ST - ZIP	
TITLE	T	3.1 TITLE	☐ Change ☐ Addition
NAME	STERNBERG, SUSAN J.	3.2 NAME	
STREET ADDRESS	11531 S.W. 12 CT.	3.3 STREET ADDRESS	
CITY - ST - ZIP	FT. LAUDERDALE FL 33325	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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: *Don Drybread* DATE 4-24-95
(Signature and typed or printed name of signing officer or director)