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

[illegible] 8:15
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **662969** **(5)**

1. Corporate Name
LEMUEL RAMOS AND ASSOCIATES, INC.

Principal Place of Business
7428 S.W. 48TH STREET
PT
MIAMI FL 33155

Mailing Address
7428 S.W. 48TH STREET
PT
MIAMI FL 33155

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/03/1980**
3a. Date of Last Report: **04/20/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite Apt. # or — 22
Suite Apt. # or — 27
City & State — 23
City & State — 28
Zip — 24
County — 25
Zip — 29
County — 30

4. FEI Number: **59-2008550** — 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
RAMOS, LEMUEL
7428 SW 48TH STREET
MIAMI FL 33155

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: [illegible] — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 TITLE	PST	1 TITLE	☐ Change ☐ Addition
1 NAME	RAMOS, LEMUEL	1 NAME	
1 STREET ADDRESS	7428 SW 48TH STREET	1 STREET ADDRESS	
1 CITY ST ZIP	MIAMI, FL 00000	1 CITY ST ZIP	
2 TITLE	V	2 TITLE	☐ Change ☐ Addition
2 NAME	RAMOS, LEMUEL A.	2 NAME	
2 STREET ADDRESS	7428 SW 48TH STREET	2 STREET ADDRESS	
2 CITY ST ZIP	MIAMI FL	2 CITY ST ZIP	
3 TITLE		3 TITLE	☐ Change ☐ Addition
3 NAME		3 NAME	
3 STREET ADDRESS		3 STREET ADDRESS	
3 CITY ST ZIP		3 CITY ST ZIP	
4 TITLE		4 TITLE	☐ Change ☐ Addition
4 NAME		4 NAME	
4 STREET ADDRESS		4 STREET ADDRESS	
4 CITY ST ZIP		4 CITY ST ZIP	
5 TITLE		5 TITLE	☐ Change ☐ Addition
5 NAME		5 NAME	
5 STREET ADDRESS		5 STREET ADDRESS	
5 CITY ST ZIP		5 CITY ST ZIP	
6 TITLE		6 TITLE	☐ Change ☐ Addition
6 NAME		6 NAME	
6 STREET ADDRESS		6 STREET ADDRESS	
6 CITY ST ZIP		6 CITY ST ZIP	

14. I hereby certify that the information supplied with this filing, if voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Further certify that the information indicated on the 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 the report as required by Chapter 607, Florida Statutes; and that my name appears or blank lines have been changed, if any, and/or added with an address.

SIGNATURE: [signature] — 4/10/95 — 305 666-2864
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

0184456 CF