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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

**DOCUMENT # G43403** 

(6)

## FILED Apr 04 1997 8:00am Secretary of State

1. Corporation Name RAMIREZ SUPER MOTORS, INC.  Principa: Place of Business Mailing Address  141 N.W. 22ND AVE.  MIAMI FL 33125-5266 MIAMI FL 33125-5266						
				3. Date Incorporated or Qualified 06/13/1983	3a. Date of Las 03/26/1990	
ຳ .	Place of Basiness	2a. Mailing Address		4. FEI Number 59-2456006		Applied For
Suite, Apt	#, etc				\$8.7	Not Applicable  5 Additional
22		27		5. Certificate of Status Desired	1 1	Required
City & Stat	le	City & State		6. Election Campaign Financing	\$5.0	DO May Be
23		7:0	Country	Trust Fund Contribution		ed to Fees
Z(p. 4	Country 25	7ip <b>29</b>	Country	8. This corporation has liability for i	intangible tax und∈ ] Yes □ No	er s. 199.032,
<u> </u>	9. Name and Address of Cui			10. Name and Address of New Re	<del></del>	
SAN	ITOS, JOSE A., JR.		81 Name			
	West Flagler Street, 18t MI Fl 33130-1808	H FLOOR	82 Street Add 83 Street Add	dress (P.O. Box Number is Not Acceptab		Zip Code
<b>11.</b> Purstant	to the provisions of Sections 607.	0502 and 607.1508. Florida Statut	es, the above-named cor	roarotion outerwise this etatement for the a	urnose of changin	n its registered.
office or r agent. La SIGNATURE	registered agent or both, in the Sam farm or with, and accept the of		authorized by the corpora orida Statutes. E: Registered Agent signature requ		DATÉ	
SIGNATURE	Supatra agreed or protect name of registern OFFICERS	d agent and title it applicable (NOT AND DIRECTORS	E: Registered Agent signature requ		DATÉ CERS AND DIRECT	TORS IN 12
SIGNATURE 12. Tile	Signalia typed in protect toxics of respiten	d agent and title d applicable (NOI	E: Registered Agent signature requirements 13.	uired when reinstating)	DATÉ	TORS IN 12
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4. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(j). Florida Statutes, I further certify that the information into acted 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:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/97

642-44-09 Daytime Phono #