

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

MAY - 1 AM 11:18

TOLSON & LANE
TALLAHASSEE, FLORIDA

DOCUMENT # **J75651** (6)
1. Corporation Name
RAMETTA CORP.

Principal Place of Business: **20401 NE 14TH AVENUE MIAMI FL 33179**
Mailing Address: **20401 NE 14TH AVENUE MIAMI FL 33179**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/03/1987**
3a. Date of Last Report: **05/01/1994**

2. Previous Fiscal Year: **21**
2a. Mailing Address: **26**
State Apt # etc: **22**
City & State: **23**
Zip: **24** Country: **25**
City & State: **27**
City & State: **28**
Zip: **29** Country: **30**

4. FEI Number: **59-2814439** 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 190.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**RAMETTA, ANTHONY C
20401 N.W. 14TH AVENUE
MIAMI FL 33179**

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 Zip Code

11. Pursuant to the provisions of Sections 607.0602 and 607.1508, Florida Statutes, the above named corporation submits the 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 607.0602, Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	RAMETTA, ANTHONY C
STREET ADDRESS	20401 N.E. 14TH AVENUE
CITY, ST, ZIP	MIAMI FL
TITLE	V
NAME	RAMETTA, WILLIAM A
STREET ADDRESS	20401 N.E. 14TH AVENUE
CITY, ST, ZIP	MIAMI FL
TITLE	S
NAME	RAMETTA, PATRICIA A
STREET ADDRESS	20401 N.E. 14TH AVENUE
CITY, ST, ZIP	MIAMI FL
TITLE	V
NAME	RAMETTA, PATRICIA A.
STREET ADDRESS	20401 NE 14 AVE.
CITY, ST, ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

17 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18 NAME	
19 STREET ADDRESS	
20 CITY, ST, ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
25 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
26 NAME	
27 STREET ADDRESS	
28 CITY, ST, ZIP	
29 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
30 NAME	
31 STREET ADDRESS	
32 CITY, ST, ZIP	
33 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
34 NAME	
35 STREET ADDRESS	
36 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing was voluntarily furnished and does not qualify for the exemption stated in Section 119.07(2)(b), 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 on Block 12 or Block 13 of changed or on an attachment with an address.

SIGNATURE: *Anthony C. Rametta* **Anthony C. Rametta** 4-6-95 (305) 651-3595
SIGNATURE AND TYPE OR PRINTED NAME OF DESIGNATED OFFICER OR DIRECTOR