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

PROFIT CORPORATION ANNUAL REPORT

**1996**

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

DOCUMENT # **K10050** **(8)**

1. Corporation Name

**FRANK J. RAMOS, INC.**

Principal Place of Business

C/O BRUCE A MITCHELL ESQ.
1825 SOUTH RIVERVIEW DRIVE
MELBOURNE FL 32901

Mailing Address

C/O BRUCE A MITCHELL ESQ.
1825 SOUTH RIVERVIEW DRIVE
MELBOURNE FL 32901

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: 01/01/1988

3a. Date of Last Report: 03/23/1995

4. FEI Number: 59-2873942 [ ] 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 unpaid taxes under s. 199.032 Florida Statutes [ ] Yes [X] No

9. Name and Address of Current Registered Agent

MITCHELL, BRUCE A.
1825 S RIVERVIEW DR
MELBOURNE FL 32901

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 Section 607.0505 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. The street address of the registered office and the name of the registered agent are identical to those in Section 607.0501 Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

| | | |
|---|---|---|
| TITLE | DP | [ ] DELETE |
| NAME | RAMOS, FRANCISCO J. | |
| STREET ADDRESS | 420 KINGSTON ROAD | |
| CITY-ST-ZIP | SATELLITE BEACH FL | |
| TITLE | DST | [ ] DELETE |
| NAME | RAMOS, ELSA P. | |
| STREET ADDRESS | 420 KINGSTON RD. | |
| CITY-ST-ZIP | SATELLITE BCH. FL | |
| TITLE | VP | [ ] DELETE |
| NAME | REBELLO, ELSA M. | |
| STREET ADDRESS | 536 SYLVIA RD. | |
| CITY-ST-ZIP | W MELBOURNE FL | |
| TITLE | | [ ] DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | [ ] DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | [ ] DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|---|---|---|
| TITLE | [ ] Change | [ ] Add |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | [ ] Change | [ ] Add |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | [ ] Change | [ ] Add |
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| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

CR2E034 (12/95)

14. I do hereby certify that the information supplied in Blocks 12 and 13 is accurate, complete and current, for the complete statutory year of Florida Statutes. I further certify that the information indicated on this annual report, supplemental annual report, amended annual report, or application for the same legal effect as made under oath, that I am an officer or director of the corporation, or other person authorized to execute this report, pursuant to Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 above, or I am an officer or director of the corporation.

**SIGNATURE:** [signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

APR 9, 1996 407-773-4466