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
95 MAY -1 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K72654 (2)

1. Corporation Name
RAM IMPORTS OF ORLANDO, INC.

Principal Place of Business	Mailing Address
9850 S HWY 17-92 MAITLAND FL 32751 US	9850 S HWY 17-92 MAITLAND FL 32751 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/09/1989
3a. Date of Last Report: 04/07/1994

2. Principal Place of Business (21)
2a. Mailing Address (26): 3814 WINDWAY CT.
Suite, Apt. #, etc (22)
Suite, Apt. #, etc (27)
City & State (23)
City & State (28): ORLANDO
Zip (24) County (25)
Zip (29): 32817 County (30): ORANGE

4. FEI Number: 59-2936390 ☐ 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
7. The corporation has liability for intangible tax under § 199.032 Florida Statutes ☐ Yes ☒ No

8. Name and Address of Current Registered Agent

ALLAMEHRAD, MEHDI
3814 WINDWAY COURT
ORLANDO FL FL 32817

10. Name and Address of New Registered Agent

81 Name: MEHDI A. RAD
82 Street Address (P.O. Box Number is Not Acceptable): 3814 WINDWAY CT.
83
84 City: ORLANDO FL 85 Zip Code: 32817

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: Mehdi A. Rad 5-4-95
(Signature, typed or printed name of registered agent and title if applicable) (If all Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	ALLAMEHRAD, MEHDI	12 NAME	MEHDI A. RAD	
STREET ADDRESS	3814 WINDWAY COURT	13 STREET ADDRESS	3814 WINDWAY CT.	
CITY ST ZIP	ORLANDO FL	14 CITY ST ZIP	ORLANDO, FL 32817	
TITLE		21 TITLE	VICE PRESIDENT	☐ Change ☒ Addition
NAME		22 NAME	LAZARO EXPOSITO	
STREET ADDRESS		23 STREET ADDRESS	18490 E. COLONIAL DR.	
CITY ST ZIP		24 CITY ST ZIP	ORLANDO, FL 32820	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 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)(i), 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: Mehdi A. Rad MEHDI A. RAD 4-18-95 407-679-2661
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0042038 CP