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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996 DOCUMENT #

SIGNATURE:

K83716



1. Corporation Name RAM ARCHITECTURAL SERVICE INC. Principal Place of Business 7485 CONROY WINDERMERE SUITE D ORLANDO FL 32811 Mailing Address **RICARDO MELO 7485 CONROY WINDERMERE. STE. D ORLANDO FL 32811					
US		US		3. Date Incorporated or Qualified 04/27/1989	3a. Date of Last Report 04/07/1995
	ace of Business BOCKINGTPEE LN	2a. Mailion Address	INGTOLE IN	4. FEI Number	Applied For
Suite, Apt. #		26 SANG Suite, Apt. #, etc.		59-2947052	Not Applicable
		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	- A	6. Election Campaign Financing	\$5.00 May Be
Zip Zip	Country Country	28 OPLANDO	, PLOPIDA	Trust Fund Contribution	Added to Fees
32810		29 32319	Country 30 ORANGE	8. This corporation has liability for in Florida Statutes X Yes	
	9. Name and Address of Curre	nt Registered Agent	1001 -101 1100 6	10. Name and Address of New R	
			81 Name		<u> </u>
	RICARDO		82 Street Addr	ddress (P.O. Box Number is Not Acceptable)	
6335 ROCKINGTREE LANE ORLANDO FL 32819					
			83		
			84 City		FL 85 Zip Code
Pursuant to or registere familiar with	to the provisions of Sections 607.050; ed agent, or both, in the State of Flor th, and accept the obligations of, Sec	2 and 607.1508, Florida Statutida. Such change was authoriz	es, the above-named corpored by the corporation's boa	ration submits this statement for the pur rd of directors. I hereby accept the appo	pose of changing its registered offic pintment as registered agent. I am
		don 607,0505, Florida Statutes	i.		
GNATURE	Signature, typiod or printed name of registerod agen	t and little if applicable (NC	i. ITE: Flogistered Agont signarure require	d wher reinstating)	DATE
GNATURE	Signature, typied or pricted name of registered agen OFFICERS AN	t and little if any-ficable (NC	TE: Foogistered Agont signature require		DATE CERS AND DIRECTORS IN 12
GNATURE	Signature, by and or pricted name of registered agen OFFICE RS AN	t and little if applicable (NC	17: Flugistered Agont Signature require 13. 1 1 TITLE	d wher reinstating)	DATE
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MEDO \$\frac{1}{8}\frac{9}{9}\text{6} (407) \frac{3}{3}\text{3} - 4488