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 # **L63393** **(7)**

1. Corporation Name
RAMOS ENTERPRISES OF MIAMI, INC.

Principal Place of Business	Mailing Address
355 N.W. 119 CT. MIAMI FL 33182	355 N.W. 119 CT. MIAMI FL 33182

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

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

3. Date Incorporated or Qualified: **04/04/1990**

3a. Date of Last R: **08/09/19**

4. FEI Number: **65-0195766**

5. Certificate of Status Desired ☐ **$8.7** Fee

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.0** Adde

8. This corporation has liability for intangible tax under s Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

RAMOS, ALBERTO J.
125 SW 130 AVENUE
MIAMI FL 33184

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

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 re 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 and am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE
Signature, typed or printed name of registered agent and the date of this appointment
NOTE: Registered Agent Signature is required when box is checked.

12. OFFICERS AND DIRECTORS

TITLE	**PD**	☐ DELETE
NAME	**RAMOS, ALBERTO J.**	
STREET ADDRESS	**355 NW 119TH COURT**	
CITY-ST-ZIP	**MIAMI FL**	
TITLE	**ST**	☐ DELETE
NAME	**RAMOS, ALBERTO J.**	
STREET ADDRESS	**25 SW 130 AVENUE**	
CITY-ST-ZIP	**MIAMI 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		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR DATE

1.1 TITLE		☐ Change
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 fur 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 u 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 na appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 5-1-96.