

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L99507** (0)

1. Corporation Name

RAMIE INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

**3510 FT CHARLES DR
NAPLES FL 33940**

**3510 FT CHARLES DR
NAPLES FL 33940**



2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc	26 P.O. Box 1038
22 City & State	27 Naples, FL
23 Zip	28 Naples FL
24 Country	29 33939
25	30 U.S.A.

3. Date Incorporated or Qualified 09/04/1990	3a. Date of Last Report 03/30/1995
4. FEI Number 65-0214012	Applied for Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**BAKER, DONNA D.
3510 FT CHARLES DR
NAPLES FL 33940**

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 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

Signature type for principal place of business and this is applicable

(b)(1) Registered Agent Signature required when filing this

(b)(2)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKER, DONNA D	12 NAME	
STREET ADDRESS	3510 FT CHARLES DR	13 STREET ADDRESS	
CITY - ST - ZIP	NAPLES FL	14 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKER, JOHN L IV	22 NAME	
STREET ADDRESS	APARTADO 1441 PUNTA PEAP	23 STREET ADDRESS	
CITY - ST - ZIP	PANAMA CITY, PANAMA	24 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, BONNIE BAKER	32 NAME	
STREET ADDRESS	3510 FT CHARLES DR	33 STREET ADDRESS	
CITY - ST - ZIP	NAPLES FL	34 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASHLEY, REX	42 NAME	
STREET ADDRESS	3001 NORTH TAMiami TRAIL	43 STREET ADDRESS	
CITY - ST - ZIP	NAPLES FL	44 CITY - ST - ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOOTS, VERNIE	52 NAME	
STREET ADDRESS	P.O. BOX 456, N/A	53 STREET ADDRESS	
CITY - ST - ZIP	BELLE GLADE FL	54 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8 July 96 (941) 263-7740