

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **M09517** (7)

1. Corporation Name

CARLOS RAMOS AND ASSOCIATES, INC.



Principal Place of Business

Mailing Address

% CARLOS RAMOS
619 JERONIMO DRIVE
CORAL GABLES FL 33146

% CARLOS RAMOS
619 JERONIMO DRIVE
CORAL GABLES FL 33146

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

12/27/1984

3a. Date of Last Report

07/07/1995

4. FEI Number

59-2775885

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 intangible tax under s. 199.032, Florida Statutes

Yes

No

10. Name and Address of New Registered Agent

RAMOS, CARLOS
619 JERONIMO DRIVE
CORAL GABLES FL 33146

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

Carlos Ramos

DATE

Mar 5 - 96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	NAME	RAMOS, CARLOS	STREET ADDRESS	619 JERONIMO DR.	CITY- ST- ZIP	CORAL GABLES FL	<input type="checkbox"/> DELETE
TITLE	ST	NAME	RAMOS, OFELIA	STREET ADDRESS	619 JERONIMO DR.	CITY- ST- ZIP	CORAL GABLES FL	<input type="checkbox"/> DELETE
TITLE		NAME		STREET ADDRESS		CITY- ST- ZIP		<input type="checkbox"/> DELETE
TITLE		NAME		STREET ADDRESS		CITY- ST- ZIP		<input type="checkbox"/> DELETE
TITLE		NAME		STREET ADDRESS		CITY- ST- ZIP		<input type="checkbox"/> DELETE
TITLE		NAME		STREET ADDRESS		CITY- ST- ZIP		<input type="checkbox"/> DELETE

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY- ST- ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY- ST- ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY- ST- ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Carlos Ramos*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-5-96 305 666 6230

CR2E034 (12/95)