FILE NOW: FILING FEE AFTER MAY 1 IS $22_.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # M12449 (8)

1. Corporation Name

G.T. RAMANI, P.A., INC.

Principal Place of Business	Mailing Address
999 PONCE DE LEON BLVD. SUITE 1015 CORAL GABLES FL 33134	999 PONCE DE LEON BLVD. SUITE 1015 CORAL GABLES FL 33134

3. Date Incorporated or Qualified: 03/11/1985	3a. Date of Last Report: 02/16/1995
4. FEI Number: 59-2508718	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 County 25	Zip 29 Country 30

9. **Name and Address of Current Registered Agent**

RAMANI, G.T.
999 PONCE DE LEON BLVD
STE 1015
CORAL GABLES 33134

10. **Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

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 ______ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
Title: PD Name: RAMANI, G.T. Street Address: 999 PONCE DE LEON 1015 City-St-Zip: CORAL GABLES FL	☐ DELETE	☐ Change ☐ Addition
Title Name Street Address City-St-Zip	☐ DELETE	☐ Change ☐ Addition
Title Name Street Address City-St-Zip	☐ DELETE	☐ Change ☐ Addition
Title Name Street Address City-St-Zip	☐ DELETE	☐ Change ☐ Addition
Title Name Street Address City-St-Zip	☐ DELETE	☐ Change ☐ Addition
Title Name Street Address City-St-Zip	☐ DELETE	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this report or supplemental 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: GEORGE T. RAMANI 3-15-96 (305)441-8811

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

CR2E034 (12/95)