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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

1. Corporation Name

(0)

RAMOS MACHINE SHOP, INC.

Principa' Place of Business Mailing Address			s				
1651 WEST 40TH STREET HIALEAH FL 33012		1651 WEST 40TH STREET HIALEAH FL 33012					
					3. Date Incorporated or Qualified 06/16/1987	3a. Date of Last Report 05/01/1995	
2. Principal F	Place of Business	2a. Mailing Add	2a. Mailing Address 26		4. FEI Number 59-2812945	Applied For Not Applicable	
Suite, Apt. #, etc		Suite, Apt.	Suite, Apt. #, etc.		5. Certificate of Status Desired	See Required	
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zφ	Country 25	Zip	Countr 30	У	This corporation has liability for in Florida Statutes Yes	ntangible tax under s 199.032,	
4	g. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent			
	g, Mario aria / Mario aria		8	1 Name			
LOPEZ-AGUIAR, HENRY A. 3445 N.W. 7TH STREET MIAMI FL 33125			8:	82 Street Address (P.O. Box Number is Not Acceptable)			
			8	3			
			8	1 1		FL 85 Zip Code	
or regist	nt to the provisions of Sections 607. tered agent, or both, in the State of with, and accept the obligations of,	Florida, Such chânge wa	is authorized by the col	named corp rporation's b	poration submits this statement for the public pard of directors. I hereby accept the app	rpose of changing its registered offic ointment as registered agent. I am	
SIGNATURE	Signature, typed or printed name of registered	Lagent ai district acquiratric	(NOTe: Elegistered Ag	yent signal, re resp	desa where remetational	DA't	
12.	CONTROL AND DIVIDITORS				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
	The rife		ELETE 1 1 TITL	F T		Change Addit on	

THLE RAMOS, BERNARDO 1.2 NAME NAME 1651 WEST 40TH STREET 1.3 STREET ADDRESS STREET ADDRESS HIALEAH FL 1.4 CITY - ST - ZIP CITY-ST-ZIP Addition ☐ Change DELETE 2 1 TITLE TITLE RAMOS, ANA MARIA 2.2 NAME NAME 1651 WEST 40TH STREET 2.3 STREET ADDRESS STREET ADDRESS HIALEAH FL 2 4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 3 1 TYTLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 City - ST-ZIP CITY - ST - 2IP Change Addition ☐ DELETE 4 1 TITLE TITLE 4.2 NAME NAME 4.3 STREFT ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY - ST - ZIP ☐ Cnange Addition DELETE 5 1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY - ST - ZIP CITY - ST-ZIP Add tion ☐ Change DELETE 6 1 TITLE TITLE 6.2 NAME NAME 63 STREET ADDRESS STREET ADDRESS 6.4 CF Y - 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 cath; 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: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR