

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1998.  
AMOUNT DUE ON OR BEFORE 6/1/98: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$275)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # M74007

(9)

1. Corporation Name  
RAM-SOFT, INC.

FILED  
95 JUL -7 AM 8:58  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE.

Principal Place of Business  
4713 N.W. 53RD ST.  
GAINESVILLE FL 32606  
US

Mailing Address  
4713 N.W. 53RD ST.  
GAINESVILLE FL 32606  
US

3. Date Incorporated or Qualified  
03/28/1988

3a. Date of Last Report  
07/06/1994

2. Principal Place of Business  
21 4713 NW 53rd St.

2a. Mailing Address  
26 4713 NW 53rd St.

4. FEI Number  
59-2899564

Applied For  
Not Applicable

Suite, Apt. #, etc.  
22

Suite, Apt. #, etc.  
27

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

City & State  
23 Gainesville, FL

City & State  
28 Gainesville, FL

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be  
Added to Fees

Zip  
24 32606

Country  
25 USA

Zip  
29 32606

Country  
30 USA

7. This corporation has liability for interstate tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHRESTHA, RAMESH L.  
4713 N.W. 53RD ST.  
GAINESVILLE FL 32606

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code  
FL

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 Ramesh L. Shrestha

(NOTE: Registered Agent signature required when reinstating)

DATE

6/27/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DP  
SHRESTHA, RAMESH L.  
4713 N.W. 53RD ST.  
GAINESVILLE FL  
TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DST  
SHRESTHA, CHEW-YING  
4713 N.W. 53RD ST.  
GAINESVILLE FL  
TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP  
2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP  
3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP  
4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP  
5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP  
6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP  
☐ Change ☐ Addition  
☐ Change ☐ Addition  
☐ Change ☐ Addition  
☐ Change ☐ Addition  
☐ Change ☐ Addition

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 110.07(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: Ramesh L. Shrestha RAMESH L. SHRESTHA

6/27/94 (904) 398-371-6080

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (3/95)