

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 13 PM 10:25

DOCUMENT # P01305 (2)

1. Corporation Name
TRAMAD, INC.

Principal Place of Business
4995 NW 72ND AVE., STE. 303
MIAMI FL 33166

Mailing Address
4995 NW 72ND AVE., STE. 303
MIAMI FL 33166

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/28/1984
3a. Date of Last Report 03/08/1994

4. FEI Number 59-2163322
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 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LERMA, GLORIA C.
4995 N.W. 72ND AVE.
SUITE 303
MIAMI FL 33166

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME GIACOMO, CLERICO
STREET ADDRESS 4995 NW 72ND AVE. #303
CITY- ST- ZIP MIAMI FL

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY- ST- ZIP

TITLE VPA
NAME CLERICO, CARLO
STREET ADDRESS 4995 NW 72ND AVE. #303
CITY- ST- ZIP MIAMI FL

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY- ST- ZIP

TITLE T
NAME CLERICO, CARLO
STREET ADDRESS 4995 NW 72ND AVE. #303
CITY- ST- ZIP MIAMI FL

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY- ST- ZIP

TITLE STD
NAME LERMA, GLORIA C.
STREET ADDRESS 4995 NW 72ND AVE. #303
CITY- ST- ZIP MIAMI FL

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/5/95

305-574-2942