

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

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

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**

3. Date Incorporated or Qualified **03/28/1984** 3a. Date of Last Report **06/13/1995**
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
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country
25

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country
30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

Signature typed or printed below of registered agent and the filer, if filer is not the registered agent.

Signature typed or printed below of registered agent and the filer, if filer is not the registered agent.

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	GIACOMO, CLERICO	
STREET ADDRESS	4995 NW 72ND AVE. #303	
CITY-ST-ZIP	MIAMI FL	
TITLE	VPA	☐ DELETE
NAME	CLERICO, CARLO	
STREET ADDRESS	4995 NW 72ND AVE. #303	
CITY-ST-ZIP	MIAMI FL	
TITLE	T	☐ DELETE
NAME	CLERICO, CARLO	
STREET ADDRESS	4995 NW 72ND AVE. #303	
CITY-ST-ZIP	MIAMI FL	
TITLE	STD	☐ DELETE
NAME	LERMA, GLORIA C.	
STREET ADDRESS	4995 NW 72ND AVE. #303	
CITY-ST-ZIP	MIAMI FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

5/28/ 305-544-3942
DATE DATE PREPARED

CR2E034 (12/95)