

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Montague
Secretary of State
CONSUMER COMPLAINTS

APPROVED

FILED

50 MAY - 1 1995

REC'D
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000017376 (3)**

1. Corporation Name
RON FINDERS, INC.

2. Principal Office Address
**18816 NW 1ST STREET
PEMBROKE PINES FL 33029**

2a. Mailing Address
**18816 NW 1ST STREET
PEMBROKE PINES FL 33029**

3. Date incorporated in Florida 03/08/1993	3a. Date of Last Report 04/29/1994
4. FIC Number 65-0392300	Applied For Not Applicable
5. Certificate of Status Desired ☒ Yes ☐ No	\$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 corporate tax under S. 199.032 Florida Statutes ☒ Yes ☐ No	

21. State of Incorporation FL	26. State of Principal Office FL
22. City of Principal Office PEMBROKE PINES	27. City & State PEMBROKE PINES FL
23. Country of Principal Office USA	28. Country USA
24. Zip Code of Principal Office 33029	30. Zip Code 33029

9. Name and Address of Current Registered Agent

**PERSAUD, RAMNARESH
18816 NW 1ST STREET
PEMBROKE PINES FL 33029**

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0602 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office to the principal office or to be 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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME PD PERSAUD, RAMNARESH	2. STREET ADDRESS 18816 NW 1ST STREET	3. CITY PEMBROKE PINES	4. STATE FL	5. ZIP 33029
6. NAME ST PERSAUD, FARAH A	7. STREET ADDRESS 18816 NW 1ST STREET	8. CITY PEMBROKE PINES	9. STATE FL	10. ZIP 33029
11. NAME	12. STREET ADDRESS	13. CITY	14. STATE	15. ZIP
16. NAME	17. STREET ADDRESS	18. CITY	19. STATE	20. ZIP
21. NAME	22. STREET ADDRESS	23. CITY	24. STATE	25. ZIP
26. NAME	27. STREET ADDRESS	28. CITY	29. STATE	30. ZIP
31. NAME	32. STREET ADDRESS	33. CITY	34. STATE	35. ZIP
36. NAME	37. STREET ADDRESS	38. CITY	39. STATE	40. ZIP
41. NAME	42. STREET ADDRESS	43. CITY	44. STATE	45. ZIP
46. NAME	47. STREET ADDRESS	48. CITY	49. STATE	50. ZIP

1. NAME	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY	
5. STATE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY	
9. STATE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY	
13. STATE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY	
17. STATE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY	
21. STATE	☐ Change ☐ Addition
22. NAME	
23. STREET ADDRESS	
24. CITY	
25. STATE	☐ Change ☐ Addition
26. NAME	
27. STREET ADDRESS	
28. CITY	
29. STATE	☐ Change ☐ Addition
30. NAME	
31. STREET ADDRESS	
32. CITY	
33. STATE	☐ Change ☐ Addition
34. NAME	
35. STREET ADDRESS	
36. CITY	
37. STATE	☐ Change ☐ Addition
38. NAME	
39. STREET ADDRESS	
40. CITY	
41. STATE	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.032, Florida Statutes. I further certify that the information indicated in 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. There is no officer or director of this corporation or the receiver or liquidator empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in this filing as the registered agent, or on an affidavit with an address.

SIGNATURE:
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **RAMNARESH PERSAUD** **4/17/95**