

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

**Mar 06 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000020098 (8)
1. Corporation Name
RAMZ ENTERPRISES, INC.



Principal Place of Business 1985 W COMMERCIAL BLVD SUITE G FT. LAUDERDALE FL 33309 US	Mailing Address PO BOX 26041 TAMARAC FL 33320 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1575 W. COMMERCIAL BLVD Suite, Apt. #, etc. 22 BAYVIEW ANNEX II, #104 City & State 23 FT. LAUDERDALE, FL Zip 24 33309 Country 25 U.S.A.	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	30
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3. Date Incorporated or Qualified 03/17/1998	4. FEI Number 65-0396333	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent
**HOYOS, NELSON
8850 NW 48TH ST
LAUDERHILL FL 33351**

10. Name and Address of New Registered Agent
81 Name **NELSON HOYOS**
82 Street Address (P.O. Box Number is Not Acceptable)
1351 PELLEY WINKLE PL.
83
84 City **WELLINGTON W. PALM, FL** 85 Zip Code **33417**

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 officer 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 _____ (NOTE: Registered Agent's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	RAMIREZ, ONEY V	
STREET ADDRESS	7912 NW 83ST	
CITY-ST-ZIP	TAMARAC FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CANOSA, MARIA L	
STREET ADDRESS	7912 NW 83ST	
CITY-ST-ZIP	TAMARAC FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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; that 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: *Oney V. Ramirez* **ONEY V. RAMIREZ 3/1/98 954 980-4155**

CR2E034 (10/97)