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

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #	P93000051286	(1)
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TRAM INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

SIGNATURE AND TYPED OR PRIMED NAME OF SIGNING OFFICER OR DIRECTOR

548 N.W. 50TH AVE.

548 NOV. SOTH AVE.



DELRAY BEA	CH FL 33445	DELRÀN BEACH FL 33449	5					
		~			3. Date Incorporated or Qualified 07/16/1993	3a. Date of Las 05/01/1	•	
2. Principal Pla	ce of Business	2a. Mailing Address	c 2.1	` ~	4. FEI Number		Applied For	
21		26 1 0 1507	624		65-0149361		Not Applicable	
Suite, Apt. #	, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	1 1	. 75 Additional ee Required	
City & State		City & State	0 1	126	6. Election Campaign Financing	\$5	.00 May Be	
23		28 DE NAY	5M	rc	Trust Fund Contribution		ided to Fees	
Zip	Country	Zip (2) (Y 4	Country 30 1/5	A	8. This corporation has liability for Florida Statutes	· 7	rs 199.032,	
24	9. Name and Address of Cui		30] ()	<u></u>	10. Name and Address of New F			
			81	Name				
MART I	JACQUELYN		-	Ctenat /	Address /O.O. Roy Number in Not Accepted	nda)		
	. 50TH AVE.		82 Street Ac		ddress (P.O. Box Number is Not Acceptable)			
	BEACH FL 33445		83					
			84	City		85	Zip Code	
			54	City		FL °°	Zip Code	
11. Pursuant t	o the provisions of Sections 607.0	502 and 607.1508, Florida Statutes,	the above-r	amed co	orporation submits this statement for the pu board of directors. I hereby accept the app	rpose of changing	its registered office	
or register familiar wit	ed agent, or both, in the State of h h, and accept the obligations of, S	ionda, Such change was authorized ection 607.0505, Florida Statutes.	by the corp	oration s	board of directors. Thereby accept the app	ontinen as registe	red agent. Fam	
SIGNATURE _								
	Signature, typod or printed name of registered a			t signature re	equired when reinstating) ADDITIONS/CHANGES TO OFF	DATE	OTODO IN 10	
12.		AND DIRECTORS	13.	<u>-</u>		ГП оь		
TITLE	D NADT I IACOHELVA	[] battit	1. 1 TITLE		HARVEY C. MAN 548 MW SOH AM De MAY BL 1	~ LJ 011811	ge Addition	
NAME OTREET ADDRESS	MART, I. JACQUELYN 548 N.W. 50TH AVE.		1.2 NAME	ADDRESS	HARVEY COH A	<u>.</u>		
STREET ADDRESS	DELRAY BEACH FL 33445	•	1.3 STREET 1.4 City-S	- 1	Delague B.L.	E/ 33445	_	
CITY-ST-ZIP TITLE	D	DELETE	2 1 TITLE	1-21	Jejing Jon /	[] Chan	nge Addition	
NAME	MART, EVE L		2 2 NAME		·	L	• 🗅 .	
STREET ADDRESS	548 N.W. 50TH AVE.		2 3 STREET	ADDRESS	1			
City-ST-ZIP	DELRAY BEACH FL 33445	5	2.4 CITY - S					
TITLE		DELETE	3. 1 TITLE			☐ Chan	nge 🔲 Addition	
NAME			3.2 NAME		1			
STREET ADDRESS			3.3. STREE	1 ADDRESS				
CITY-ST-ZIP			3.4 CITY - 5	1 - ZIP				
TITLE		☐ DELETE	4. 1 TITLE			Char	nge 🔲 Addition	
NAME			4.2 NAME					
STREET ADDRESS			4.3 STREET	ADDRESS				
CITY-ST-ZIP			4.4 CITY - S	T-ZIP				
TITLE		DELETE	5. 1 TITLE			☐ Char	nge 🔲 Addition	
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET	ADDRESS				
CITY-ST-ZIP		Fig. sec. sec.	5.4 CHY- 9	ST-ZIP			one	
TITLE		DELETE	6 1 TITLE			☐ Char	nge 🔲 Addition	
NAME			6 2 NAME					
STREET ADDRESS			63STREFT					
CITY-ST-ZIP	and by that the information areas	lied with this films is valuntable forcial	6.4 City - S		Lalify for the exemption stated in Section 119	a 07(3)(k) Etorida S	tatutes I further	
certify that oath; that	t the information indicated on this I am an officer or director of the c	annual report or supplemental annua	al report is tru empowered	ie and ac	accurate and that my signature shall have the te this report as required by Chapter 607, F	e same legal effect.	as if made under	