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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 4:09

DOCUMENT # **P94000012642 (2)**

1. Corporation Name
RAMIREZ SERVICE CENTER, INC.

Principal Place of Business	Mailing Address
169 S. STATE ROAD 7 SUITE 3 MARGATE FL 33068	169 S. STATE ROAD 7 SUITE 3 MARGATE FL 33068

DO NOT WRITE IN THIS SPACE

3. Date Incorporated/Qualified: 02/14/1994
3a. Date of Last Report:

2. Principal Place of Business 21 169 S. STATE ROAD 7	2a. Mailing Address 26 169 S. STATE ROAD 7	4. FEI Number 65-0470274	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22 3	Suite, Apt. #, etc. 27 SUITE 3	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23 MARGATE, FLORIDA	City & State 28 MARGATE, FLORIDA	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip / Country 24 33068 / 25 U.S.A	Zip / Country 29 33068 / 30 U.S.A.	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

RAMIREZ, AIREZ J
829 E OAKLAND PARK BLVD - 169 S. STATE ROAD 7
OAKLAND PARK FL 33334 - MARGATE, FL 33068
(old address) (new address).

10. Name and Address of New Registered Agent

81 Name: SARA L. AJON
82 Street Address (P.O. Box Number is Not Acceptable): 1550 N.W. 15th Street, Apt. # 7
83
84 City: Boca Raton FL 85 Zip Code: 33486

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: Sara L. Ajon 1/19/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required where indicated.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT	11 TITLE	MANAGER ☐ Change ☒ Addition
NAME	RAMIREZ, AIREZ J.	12 NAME	SARA L. AJON
STREET ADDRESS	169 S. STATE ROAD 7	13 STREET ADDRESS	1550 NW 15th Street, Apt. 7
CITY-ST-ZIP	MARGATE, FLA 33068	14 CITY-ST-ZIP	Boca Raton, FL 33486
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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 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 and force 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: AIREZ J. RAMIREZ 1/19/95 305-968-1545
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

0111222 CP