

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 # P94000012642 (2)

1. Corporation Name

RAMIREZ SERVICE CENTER, INC.



Principal Place of Business

169 S. STATE ROAD 7
SUITE 3
MARGATE FL 33068

Mailing Address

169 S. STATE ROAD 7
SUITE 3
MARGATE FL 33068

2. Principal Place of Business

2a. Mailing Address

21 193 S. State Rd. 7

26 Same as #2

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 MARGATE, FLORIDA

27

City & State

City & State

23

Zip 33071

Country

25 U.S.A

Zip

Country

24

28

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

02/14/1994

3a. Date of Last Report

02/14/1995

4. FEI Number

65-0470274

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

10. Name and Address of New Registered Agent

81 Name SARA L. AJON-RAMIREZ

82 Street Address (P.O. Box Number is Not Acceptable) 9963 WEST ATLANTIC BLVD.

83

84 City CORAL SPRINGS FL 85 Zip Code 33071

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 name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME RAMIREZ, ALREZ J.
STREET ADDRESS 169 S. STATE ROAD 7
CITY-STATE-ZIP MARGATE FL
☒ DELETE

TITLE M
NAME AJON, SARA L.
STREET ADDRESS 1550 NW 15TH STREET APT. 7
CITY-STATE-ZIP BOCA RATON FL
☒ DELETE

TITLE RAMIREZ
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President
1.2 NAME RAMIREZ, JAY
1.3 STREET ADDRESS 193 S. STATE RD-7
1.4 CITY-STATE-ZIP MARGATE, FL 33068.
☒ Change ☐ Addition

2.1 TITLE Vice President
2.2 NAME RAMIREZ, SARA L. AJON
2.3 STREET ADDRESS 9963 W. Atlantic Blvd.
2.4 CITY-STATE-ZIP Coral Springs, FL 33071.
☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP
☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP
☐ Change ☐ Addition

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/96 (954) 968-1545
Date Daytime Phone #

CR2E034 (12/95)