SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **P94000031035 (6)**

1. Corporation Name
RAMR, INC.

Principal Place of Business	Mailing Address
9735 EAST FERN STREET MIAMI FL 33157	9735 EAST FERN STREET MIAMI FL 33157

3. Date Incorporated or Qualified: 04/22/1994
3a. Date of Last Report: 07/19/1995

2. Principal Place of Business
21 1933 S.W. 27TH AVE
Suite, Apt. #, etc.
22 1ST FLOOR
City & State
23 MIAMI, FL
Zip 24 33145 Country 25

2a. Mailing Address
26 5704 S.W. 131ST TERRACE
Suite, Apt. #, etc
27
City & State
28 MIAMI, FL
Zip 29 33156 Country 30

4. FEI Number: 65-0504111 ☐ 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

9. Name and Address of Current Registered Agent
RUIZ, ROBERTO J
9735 EAST FERN STREET
MIAMI FL 33157

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 5704 S.W. 131ST TERRACE
83
84 City MIAMI, FL 85 Zip Code 33156

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 _____ (NOTE: Registered Agent signature required when manually signed) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	RUIZ, ROBERTO J		1.2 NAME	
STREET ADDRESS	9735 EAST FERN STREET		1.3 STREET ADDRESS	5704 S.W. 131 ST TERRACE
CITY-ST-ZIP	MIAMI FL 33157		1.4 CITY-ST-ZIP	MIAMI, FL 33156
TITLE	VSD	☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	RUIZ, ANA M		2.2 NAME	
STREET ADDRESS	9735 EAST FERN STREET		2.3 STREET ADDRESS	5704 S.W. 131 ST TERRACE
CITY-ST-ZIP	MIAMI FL 33157		2.4 CITY-ST-ZIP	MIAMI, FL 33156
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Cesar M. Ruiz 6/17/96 (305)860-1010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #