

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAR 30 AM 9:20

DOCUMENT # **P94000040697 (2)**

1. Corporation Name  
**R.A.M. LACES, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

15476 N.W. 77TH CT  
SUITE 287  
MIAMI LAKES FL 33016

Mailing Address

15476 N.W. 77TH CT  
SUITE 287  
MIAMI LAKES FL 33016

800001445088  
-03/31/95--01058--022  
\*\*\*200.00 \*\*\*200.00  
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 3530 MYSTIC POINT DRIVE  
Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 BLDG 500, SUITE 1515  
City & State

27 City & State

23 NORTH MIAMI FL  
Zip Country

28 City & State  
29 Zip 30 Country

24 33180 25 USA

3. Date Incorporated or Qualified  
05/31/1994

3a. Date of Last Report  
INITIAL REPORT

4. FEI Number  
105-0488592

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

FINK, MARTIN  
15476 N.W. 77TH CT  
SUITE 287  
MIAMI LAKES FL 33016

10. Name and Address of New Registered Agent

81 Name FINK, MARTIN (AGENT ADDRESS (HONOR))  
82 Street Address (P.O. Box Number is Not Acceptable) 3530 MYSTIC POINT DRIVE  
83 BLDG 500 UNIT 1515  
84 City NORTH MIAMI FL 85 Zip Code 33180

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 to printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	FINK, LEONARD
STREET ADDRESS	15476 N.W. 77TH CT. SUITE 287
CITY - ST - ZIP	MIAMI LAKES FL 33016
TITLE	D
NAME	FINK, BARRY
STREET ADDRESS	15476 N.W. 77TH CT. SUITE 287
CITY - ST - ZIP	MIAMI LAKES FL 33016
TITLE	D
NAME	FINK, MARTIN
STREET ADDRESS	15476 N.W. 77TH CT. SUITE 287
CITY - ST - ZIP	MIAMI LAKES FL 33016
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	FINK, LEONARD
1.3 STREET ADDRESS	38 FALMINGTON AVE
1.4 CITY - ST - ZIP	DIK HILLS NY 11747
2.1 TITLE	S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	FINK, BARRY
2.3 STREET ADDRESS	90 FALMORA HIB
2.4 CITY - ST - ZIP	COMMACK NY 11725
3.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	FINK, MARTIN
3.3 STREET ADDRESS	3530 MYSTIC POINT DRIVE, BLDG 500 SUITE 1515
3.4 CITY - ST - ZIP	NORTH MIAMI FL 33180
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 607.0308(3)(B), 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 to an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(Typed Name)