

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**

**May 14 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

**DOCUMENT # P94000055305 (4)**  
1. Corporation Name  
**RAMARSA, INC.**



Principal Place of Business: 11826 S.W. 100TH ST, MIAMI FL 33186, US  
Mailing Address: 11826 S.W. 100TH ST, MIAMI FL 33186, US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 13951 KENDALE LAKES CIR, Suite A-403, MIAMI, FL, 33183  
2a. Mailing Address: 26 13951 KENDALE LAKES CIR, Suite A-403, MIAMI, FL, 33183

3. Date Incorporated or Qualified: 07/26/1994  
4. FEI Number: 65-0507536  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing:  \$5.00 May Be Added to Fees  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30:  Yes  No

9. Name and Address of Current Registered Agent: RAMOS, HECTOR, 11826 S.W. 100TH ST, MIAMI FL 33186

10. Name and Address of New Registered Agent: 81 Name: RAMOS HECTOR, 82 Street Address: 13951 KENDALE LAKES CIR, A-403, 83 City: MIAMI, FL, 85 Zip Code: 33183

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 reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

|                |                   |                                 |
|----------------|-------------------|---------------------------------|
| TITLE          | PT                | <input type="checkbox"/> DELETE |
| NAME           | RAMOS, HECTOR G   |                                 |
| STREET ADDRESS | 11826 SW 100TH ST |                                 |
| CITY-ST-ZIP    | MIAMI FL 33186    |                                 |
| TITLE          | VPS               | <input type="checkbox"/> DELETE |
| NAME           | RAMOS, AMANDA     |                                 |
| STREET ADDRESS | 11826 SW 100TH ST |                                 |
| CITY-ST-ZIP    | MIAMI FL 33186    |                                 |
| TITLE          |                   | <input type="checkbox"/> DELETE |
| NAME           |                   |                                 |
| STREET ADDRESS |                   |                                 |
| CITY-ST-ZIP    |                   |                                 |
| TITLE          |                   | <input type="checkbox"/> DELETE |
| NAME           |                   |                                 |
| STREET ADDRESS |                   |                                 |
| CITY-ST-ZIP    |                   |                                 |
| TITLE          |                   | <input type="checkbox"/> DELETE |
| NAME           |                   |                                 |
| STREET ADDRESS |                   |                                 |
| CITY-ST-ZIP    |                   |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                               |  |
|--------------------|-------------------------------|--|
| 1.1 TITLE          | PRESIDENT                     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           | RAMOS, HECTOR G.              |  |
| 1.3 STREET ADDRESS | 13951 KENDALE LAKES CIR A-403 |  |
| 1.4 CITY-ST-ZIP    | MIAMI, FL, 33183              |  |
| 2.1 TITLE          | VICE-PRESIDENT                | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           | RAMOS, AMANDA                 |  |
| 2.3 STREET ADDRESS | 13951 KENDALE LAKES CIR A-403 |  |
| 2.4 CITY-ST-ZIP    | MIAMI, FL, 33183              |  |
| 3.1 TITLE          |                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME           |                               |  |
| 3.3 STREET ADDRESS |                               |  |
| 3.4 CITY-ST-ZIP    |                               |  |
| 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 hereby certify that the information supplied with this filing 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 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: \_\_\_\_\_ DATE: 4/20/98 (305) 380-6529

CR2E034 (10/97)