

**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 MAY 19 11 10: 15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P94000060844 (5)**

1. Corporation Name:  
**LETMAR TECHNOLOGY INC.**

Principal Place of Business: **935 SW 100 COURT MIAMI FL 33174**  
Mailing Address: **935 SW 100 COURT MIAMI FL 33174**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/15/1984**      3a. Date of Last Report

2. Principal Place of Business: **21** State Apt # etc: **22** City & State: **23** Zip: **24** Country: **25** Mailing Address: **26** State Apt # etc: **27** City & State: **28** Zip: **29** Country: **30**

4. FEI Number: **65-0513527** 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 § 190.13(2) Florida Statutes:  No  Yes

**9. Name and Address of Current Registered Agent**

**RAMOS, LETICIA  
935 SW 100 COURT  
MIAMI FL 33174**

**10. Name and Address of New Registered Agent**

**B1** Name: \_\_\_\_\_  
**B2** Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
**B3** \_\_\_\_\_  
**B4** City: \_\_\_\_\_ **FL** **B5** Zip Code: \_\_\_\_\_

11. Pursuant to the provisions of Sections 607.01(2) and 607.15(1)(b), 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. Thereby, it accepts the appointment as registered agent, and accepts the obligations of Section 607.01(2), Florida Statutes.

SIGNATURE: \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	<b>President</b>
NAME	<b>LETICIA RAMOS</b>
STREET ADDRESS	<b>935 SW 100 CT</b>
CITY, ST, ZIP	<b>MIAMI FL 33174</b>
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

**13. ADDITIONAL OFFICERS, OFFICERS TO BE REMOVED AND OFFICERS TO BE APPOINTED**

TITLE	<b>President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LETICIA RAMOS</b>	
STREET ADDRESS	<b>935 SW 100 CT</b>	
CITY, ST, ZIP	<b>MIAMI FL 33174</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

14. I, the undersigned, hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 190.13(1)(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 of this report or on an attachment with an address.

SIGNATURE: *Leticia Ramos* **LETICIA RAMOS** **5/1/95** **305 274 909**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR