

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

FILED

Apr 10 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000069795 (0)

1. Corporation Name
RAMOS Y PINHEIRO TRADING, INC.

Principal Place of Business

8500 NW 78TH AVE
SUITE 2
HIALEAH GARDENS FL 33016
US

Mailing Address

8500 NW 78TH AVE
SUITE 2
HIALEAH GARDENS FL 33016-2520
US

3. Date Incorporated or Qualified
09/22/1994

3a. Date of Last Report
03/11/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 1501 Palm Ave
Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number

65-0529980

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

THOMPSON, DISNEY
189 E FLAGLER ST SUITE 1527
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

Maria Vasquez

82 Street Address (P.O. Box Number is Not Acceptable)

1501 Palm Ave.

83

84 City

Hialeah

FL

85 Zip Code

33010

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

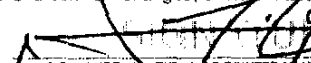
12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	CRISPIM, FERNANDO M C	
STREET ADDRESS	8160 GENEVA CT #A507	
CITY-ST-ZIP	MIAMI FL 33168	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CRUZ, MANUEL A P	
STREET ADDRESS	8160 GENEVA CT #A507	
CITY-ST-ZIP	MIAMI FL 33168	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	OLIVA, CARMEN E L	
STREET ADDRESS	8160 GENEVA CT #A507	
CITY-ST-ZIP	MIAMI FL 33168	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PADRAO DE CRUZ, MARIA C F	
STREET ADDRESS	8160 GENEVA CT #A507	
CITY-ST-ZIP	MIAMI FL 33168	
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	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CRISPIM, FERNANDO M.C.	
1.3 STREET ADDRESS	1501 Palm Ave.	
1.4 CITY-ST-ZIP	Hialeah, 33010	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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 do 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:  REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0123248

CR2E034 (9/96)