

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

NO Activity on 1995

DOCUMENT # P95000051863 (5)

1. Corporation Name

R.R.A.M. DISTRIBUTORS, INC.



Principal Place of Business

5749 GOLDEN EAGLE CIRCLE
PALM BEACH GARDENS FL 33418

Mailing Address

5749 GOLDEN EAGLE CIRCLE
PALM BEACH GARDENS FL 33418

3. Date Incorporated or Qualified
06/29/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 7770 Thornlee Dr.

26 7770 Thornlee Dr.

4. FEI Number

65-0606712

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

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

Lake worth, FL

Lake worth, FL

24 Zip Country

29 Zip Country

33467 U.S.A.

30 33467 U.S.A.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LANDRON, ROBERTO A
5749 GOLDEN EAGLE CR.
PALM BEACH GARDENS FL 33418

81 Name

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

83

84 City

FL 85 Zip Code

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

Roberto A. Landron - Vice President

Signature and printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE President ☐ DELETE
NAME Roberto Landron
STREET ADDRESS Urb. Bayview 68 E. Ocean Dr.
CITY-ST-ZIP Catano, P.R. 00962

1.1 TITLE ☐ Change ☐ Addition

TITLE Secretary ☐ DELETE
NAME Milagros Landron
STREET ADDRESS Urb. Bayview 68 E. Ocean Dr.
CITY-ST-ZIP Catano, P.R. 00962

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE Vice President ☐ DELETE
NAME Roberto A. Landron
STREET ADDRESS 7770 Thornlee Dr.
CITY-ST-ZIP Lake worth, FL 33467

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE Treasurer ☐ DELETE
NAME Aixa Landron
STREET ADDRESS 7770 Thornlee Dr.
CITY-ST-ZIP Lake worth, FL 33467

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE

Roberto A. Landron
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

407-533-7601

Daytime Phone #

CR2E034 (12/95)