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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # **P95000081506**1. Corporation Name

RAMBA PLUS, INC.

MAINIDA PLUS, INC

Principal Place of Business

Mailing Address

## FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90211 031 \*\*\*163.50



720 SOUTH WEST 6TH STREET	720 SOUTH WEST 6TH STF DANIA FL 33004	REET		
US	US		DO NOT WE	RITE IN THIS SPACE
			<ol> <li>Date Incorporated or Qualife 10/24/1995</li> </ol>	d .
2. Principal Place of Business , V 1	2a. Mailing Address	1 44 01	4. FEI Number	71961 MARDHEUTER
21720 S W 675+	26 720 SW	6 M It	65-07196 <u>10</u>	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
City & State 1 1 Cc,	City & State	Ha	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
24 3 300 U 25 USA	<sup>2</sup> 19 3.3004	Vountry 30 USA	<ol><li>This corporation owes the cure Personal Property Tax.</li></ol>	Yes No
9. Name and Address of Curren	t Registered Agent		10. Name and Address of New	Registered Agent
WALTON COOTELL ID		81 Name		
WALTON, COSTELL JR. 2480 NORTH ANDREWS AVENUE		82 Street Add	ress (P.O. Box Number is Not Accep	anglital
FORT LAUDERDALE FL 33311		83	NO.	09
		84 City	Paris	FI 85 Zip Code
44 Resource to the provinces of Sections 607 050	Grand 607 1509 Florida Statuta	e the above camed core	poration submits this statement for th	e purpose of changing its registered
11. Pursuant to the provisions of Sections 607.050; office or registered agent, or both, in the State agent. I am familiar with, and accept the original	of Florida. Such change was au	thorized by the corporation	on's board of directors. I hereby acc	ept the appointment as registered
agent. I am familiar with, and accept the obligat	liods of Spetion 607.0505, Flori	ida Statutes.		
SIGNATURE 1	1 1	Registered Agent signature require	dubas a statical	DATE
Signature, typed or printed name of registered agen  12. OFFICERS AN	D DIRECTORS	13.		FFICERS AND DIRECTORS IN 12
TITLE PSTD	☐ DELETE	1.1 TITLE	ADDITIONS/GITANGES TO S	Change Addition
NAME HIGGS, ANDREW E	C) better	1.2 NAME	1/NA	
	т	1.3 STREET ADDRESS	$\mathcal{N}$	
	il.		, , , , , , , , , , , , , , , , , , ,	
CITY-ST-ZIP DANIA FL 33004	☐ DELETE	1.4 CITY- ST-ZIP 2.1 TITLE		☐ Change ☐ Addition
	□ Dett-ir	■ t	. 1 1	_ onunge
NAME		2.2 NAME .	1111	
STREET ADDRESS 1112		2.3 STREET ADORESS	$N \cap N$	
CITY-ST-ZIP	☐ DELETE	2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE	□ here ie	3.1 TITLE	- 11 10	Change
NAME		3.2 NAME	$\mathbb{N} \cup \mathbb{N}$	
STREET ADDRESS ( )		3.3 STREET ADDRESS	10111	
CITY-ST-ZIP	☐ DELETE	3.4. CITY-ST-ZIP		☐ Change ☐ Addition
TITLE		4.1 TITLE	\	E onange E nadison
NAME		4. 2 NAME	11112	
STREET ADDRESS N 1 1		4.3 STREET ADDRESS	NIM	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<u>'</u>	Change   Addition
TITLE '	☐ DELETE	5.1 TITLE	\ -	☐ Change ☐ Addition
NAME 191.0		5.2 NAME	<i>k</i> )	
STREET ADDRESS N 1		5.3 STREET ADORESS	MM	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	1 1 1	
TITLE A .	☐ DELETE	6.1 TITLE	<i>Y</i> \ .	Change Addition
NAME NAME		6.2 NAME	$N \coprod A$	
STREET ADDRESS /				
STREET ADDRESS /		6.3 STREET ADDRESS		

4. 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 withfall other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4 23 99 954-925-270
Date Date Phone #

CR2E034 (1