## SECOND NOTICE: CORPURATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$226 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

## P95000092358 (7) DOCUMENT #

1997

RAMACO IMPEX, INC.

Principal Place of Business	Mailing Address
N BORFRT STROGIS	W DOREDT STOOMS

FILED 97 MAY 29 AM 10: 58

SECRETARY OF STATE

Suite, Apt. #, etc.  22  City & State Added to Fees Zip Country State Country State Added to Fees
251 MATILAND AVENUE. #208 ALTAMONTE SPRINGS FL 32701  26. Principal Place of Business  27. Principal Place of Business  28. Mailing Address  29. Mailing Address  20. Mailing Address  20. Mailing Address  20. Mailing Address  20. Mailing Address  21. Principal Place of Business  22. Mailing Address  23. Date Incorporated or Qualified 12/05/1995  24. FEI Number  25. Certificate of Status Desired   Page Required    26. Election Campaign Financing   S. D. O. May Be Added to Fees    27. Country   Page Added to Fees    28. This corporation has liability for intengible tax under s. 199.032.    29. Principal Statutes   Page Added to Fees    29. Name and Address of Current Registered Agent   Page Added to Fees    29. Name and Address of Current Registered Agent   Page Address of New Registered Agent    31. Name    32. Street Address (P.O. Box.Nympter is Not Acceptable)   Page Address of New Registered Agent    33. Date Incorporated or Qualified   Page Address of New Registered Agent    34. FEI Number   Page Address of New Registered Agent    35. Oo May Be Address of New Registered Agent   Page Address of New Registered Agent    36. Street Address (P.O. Box.Nympter is Not Acceptable)   Page Address of New Registered Agent    37. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes    38. Name   Page Address of New Registered Agent    39. Street Address (P.O. Box.Nympter is Not Acceptable)   Page Address of City    39. Street Address (P.O. Box.Nympter is Not Acceptable)   Page Address of City    39. Page Address of New Registered Agent    30. Page Address of New Registered Agent    30. Page Address of New Registered Agent    30. Page Address of New Registered Agent    31. Pursuant to the provisions of Sections 607 0505, Florida Statutes    30. Page Address of New Registered Agent    30. Page Address of New Registered Agent    31. Pursuant to the provisions of Sections 607 0505, Florida Statutes    31. Pursuant to the provisions of Sections 607 0505, Florida Statutes    32. Page Address of New Reg
28. Mailing Address 29. Mailing Address 20. Mailing Address 21. Suite, Apt. #, etc. 22. Suite, Apt. #, etc. 23. Suite, Apt. #, etc. 24. FEI Number 25. Certificate of Status Desired
2. Principal Place of Business 2. Mailing Address 2. Mailing Address 3. FEI Number 5. Certificate of Status Desired   Set.75 Additional Fee Required   2. Suite, Apt. #, etc. 3. Suite, Apt. #, etc.
Suite, Apt. #, etc.  Suite, Ap
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.
27   City & State   Country   Zip   Country   Zip   Country   Zip   Country   Zip   Country   St. This corporation has liability for intangible tax under s. 199 032   Florida Statutes   Yes   No   No   Name and Address of Current Registered Agent   10, Name and Address of New Registered Agent   Street Address (PO. Box.Number is Not acceptable)   13   Name   Street Address (PO. Box.Number is Not acceptable)   25   MAITLAND AVENUE   Sutte 208   ALTAMONTE SPRINGS FL 32701   84   City   FL   85   Zip Code   Statutes   Street Address (PO. Box.Number is Not acceptable)   13   Name   Street Address (PO. Box.Number is Not acceptable)   14   2
City & State  Country  Country  Country  Country  Country  R. This corporation has liability for intangible tax under s. 199.032. Florida Statutes  Yes No  No  STROGIS, ROBERT  STROGIS, ROBERT  SUITE 208  ALTAMONTE SPRINGS FL 32701  Ref City  FL  Ref
Trust Fund Contribution Added to Fees  Zip Country Zip Country Added to Fees  Zip Country Zip Country A Strong Statutes Statutes Store Address of Current Registered Agent STROGIS, ROBERT  STROGIS, ROBERT  251 MAITLAND AVENUE  SUITE 208  ALTAMONTE SPRINGS FL 32701  82 Street Address (P.O. Box.Number is Not Acceptable) 113 Street Address of Sections 607.0502 and 607.1508, Florida Statutes In Florida In Florida Statutes In Fl
STROGIS, ROBERT   29   30   10, Name and Address of Current Registered Agent   10, Name and Address of New Registered Agent   10, Name   10, Name and Address of New Registered Agent   10, Name   10
25 29 30 Florida Statutes Yes No  9. Name and Address of Current Registered Agent  STROCIS, ROBERT 251 MAITLAND AVENUE SUITE 208 ALTAMONTE SPRINGS FL 32701  82 Street Address (P.O. Box.Number is Not Acceptable)  83
STROGIS, ROBERT 251 MATLAND AVENUE SUITE 208 ALTAMONTE SPRINGS FL 32701  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 agent, arm familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature. typed or printed name of registered agent and line if applicable.  NAME  HARESH TRIVERI  STREET ADDRESS  1.3 STREET ADDRESS  STREET ADDRESS  1.3 STREET ADDRESS  STREET ADDRESS  1.0 Name and Address of New Registered Agent  10. Name and Address of New Registered Agent  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  83
STROGIS, ROBERT  251 MAITLAND AVENUE  SUITE 208 ALTAMONTE SPRINGS FL 32701  82 Street Address (P.O. Box.humber is Not Acceptable)  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, am familiar with, and accept the obligations of, Section 607, 0505, Florida Statutes.  SIGNATURE  Signature, typed or printed name of registered agent and line if applicable.  NOTE: Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  PAGE  HARESH TRIVERI  Change Addition  NAME  HARESH TRIVERI  La NAME  STREET ADDRESS  1.3 STREET ADDRESS
STROGIS, ROBERT 251 MAITLAND AVENUE SUITE 208 ALTAMONTE SPRINGS FL 32701  82 Street Address (P.O. Box Number is Not Acceptable)  ***** [65, 01] ***** [65, 01]  **** [65, 01]  ***** [65, 01]  **** [65, 01]
251 MATLAND AVENUE SUITE 208 ALTAMONTE SPRINGS FL 32701  82 Street Address (P.O. Box.Number is Not Acceptable)  *****165.00 *****165.00  *****165.00  *****165.00  *****165.00  *****165.00  *****165.00  *****165.00  *****165.00  *****165.00  *****165.00  *****165.00  *****165.00  *****165.00  *****165.00  *****165.00  *****165.00  *****165.00  *****165.00  *****165.00  *******165.00  ******165.00  *******165.00  *******165.00  *******165.00  *******165.00  *******165.00  *******165.00  *******165.00  *******165.00  *******165.00  *******165.00  *******165.00  *******165.00  *******165.00  *******165.00  ********165.00  *******165.00  ********165.00  ********165.00  *********165.00  *********165.00  **********************************
ALTAMONTE SPRINGS FL 32701  ####165_UD ####165_UD ####165_UD  #####165_UD #####165_UD  ######165_UD  #####165_UD  #####165_UD  ######165_UD  ######165_UD  #####165_UD  ######165_UD  ##########165_UD  ###################################
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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 litre if applicable. (NOTE: Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  PREF.  NAME  HARESH TRIVED!  LININE  1.3 STREET ADDRESS  1.3 STREET ADDRESS
SIGNATURE Signature, typed or printed name of registered agent and time if applicable.  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE PASI DELETE 1.1 TITLE  NAME HARESH TRIVED!  STREET ADDRESS 4/6 STROMS  AVE \$1.3 STREET ADDRESS  1.3 STREET ADDRESS
Signature, typed or printed name of registered agent and life if applicable.  NOTE Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  PAG:  NAME  HARESH TRIVED!  STREET ADDRESS  1.3 STREET ADDRESS  1.3 STREET ADDRESS
TITLE PREJ. DELETE 1.1 TITLE Change Addition  NAME HARESH TRIVED! NAME  STREET ADDRESS 46 STROMS AVE \$1.3 STREET ADDRESS  1.3 STREET ADDRESS
NAME HARESH TRIVED! NA 12 NAME STREET ADDRESS 4/6 STROMS AVE \$1.3 STREET ADDRESS
STREET ADDRESS 4. STROWS AVE #108
STREET ADDRESS 4/6 STROWS AVE #208
TITLE SECY DELETE 2.1 TITLE Change Addition
NAME TRAKASH TRIVEDI 22 NAME
Marian Arteria
STREET ADDRESS  CITY-ST-ZIP  ALTHOUGH FL 3273;  2.4 CITY-ST-ZIP  2.4 CITY-ST-ZIP
TITLE V.C DELETE 3.1 TITLE Change Addition
NAME PROFUL TRIVED! 32 NAME
PTOTEST ADDRESS 49 STANFU MA PACTOEST ADDRESS
LC. MAITENIA AVE TUNE
TITLE TASAS DELETE 4.1 TITLE Change Addition
NAME 4.2 NAME
STREET ADDRESS  STREET ADDRESS  4.2 NAME  4.2 NAME  4.3 STREET ADDRESS
CITY-ST-ZIP ALTA MONTE SPRINGS (T. 3 270) 44CITY-ST-ZIP
CITY-ST-ZIP ALTA MONTE SPRING (2 3 270) 44 CITY-ST-ZIP  TITLE DELETE 51 TITLE Change Addition
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CITY-ST-ZIP         5 4 CITY-ST-ZIP           TITLE         DELETE         6 1 TITLE         Change         Addition
AAME 62 NAME
STREET ADDRESS 63 STREET ADDRESS 1 11/4 C 222 0
CITY-ST-ZIP 64 CITY-ST-ZIP

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_

4/29/97