

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

FILED

99 MAR 25 PM 4:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **PA00000014472**  
1. Corporation Name  
**RAMCO ONE, INC.**

Principal Place of Business Mailing Address  
**18200 N.W. 7th Avenue**  
**Miami, FL 33169**

**SAME**

*KH*

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

4. FEI Number  
**05-0645868**

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 owes the current year Intangible  
Personal Property Tax ☒ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name **Abdollah mohajerani**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**331 Taylor Street #4**  
83  
84 City **Hollywood** FL 85 Zip Code **33019**

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 **Abdollah Mohajerani**

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when appointing)

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **Abdollah mohajerani**

STREET ADDRESS **331 Taylor Street #4**

CITY-ST-ZIP **Hollywood, FL 33019**

TITLE ☐ DELETE

NAME **Sec/Treasurer**

STREET ADDRESS **morteza mohajerani**

CITY-ST-ZIP **14820 S.W. 167 Street**

CITY-ST-ZIP **MIAMI, FL 33187**

TITLE ☐ DELETE

NAME **Director**

STREET ADDRESS **Parvin mohajerani**

CITY-ST-ZIP **14820 S.W. 167 Street**

CITY-ST-ZIP **MIAMI, FL 33187**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

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\*\*\*\*150.00 \*\*\*\*150.00

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14. 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, with all other like empowered.

SIGNATURE: **Abdollah mohajerani**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/11/99 305-652 5314**

Date Daytime Phone

CR2E034 (11/98)