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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

P96000017743 (1)

RAM SAM INC.

Principal Place of Business

Mailing Address

## **FILED** May 01 1998 8:00am Secretary of State



| 2919 E. COMMERCIAL BLVD STE. A<br>FT. LAUDERDALE FL 33308  |   |  | 2919 E. COMMERCIAL BLVD., STE. A<br>FT. LAUDERDALE FL 33308 |                    | DO NOT WRITE IN THIS SPACE   |   |
|--|---|--|---|--------------------|--|---|
|  |   |  |   |                    | 3. Date Incorporated or Qualified 02/22/1996   |   |
| 2. Principal Place of Business 2a. Mailing Addres          |   |  | ess   |                    | 4. FEI Number  | Applied For   |
| 21   |   | 26   | 26  |                    | 65-0647609   | Not Applicable                                      |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.  | Suite, Apt. #, efc.   |                    | 5. Certificate of Status Desired   | \$8.75 Additional<br>Fee Required                   |
| City & State   |   | City & State   | City & State  |                    | 6. Election Campaign Financing   | \$5.00 May Be                                       |
| 23   |   | 28   |   |                    | Trust Fund Contribution  | Added to Fees                                       |
| Zip<br>24  | Country 25                                    | Zip 29   | 30  | у                  | <ol> <li>This corporation owes or has paid the c<br/>Personal Property Tax due June 30.</li> </ol> | Yes No  |
|  | 9. Name and Address of Cu                     | rrent Registered Agent   |   | T                  | 10. Name and Address of New Registere  | d Agent   |
|  | TZ, ALLEN H                                   |  | 81  | Name               |  |   |
| 2919 E. COMMERCIAL BLVD., STE A<br>FT. LAUDERDALE FL 33308 |   |  | 82  | Street Add         | dress (P.O. Box Number is Not Acceptable)  |   |
|  |   |  | 83  |                    |  |   |
|  |   |  | 64  | City               | F  | 85 Zip Code   |
| office or re   | egistered agent, or both, in the 5            | .0502 and 607, 1508, Florida Stat<br>State of Florida. Such change wa<br>obligations of, Section 607,0505, | s authorized b  | y the corpora      | rporation submits this statement for the purpose ation's board of directors. I hereby accept the a | of changing its registered ppointment as registered |
| SIGNATURE  |   |  |   |                    |  |   |
|  | Signature, typed or printed name of registers | ed rigent and Interé applicable (N<br>S AND DIRECTORS  |   | ent signature requ | Jired when reinslating) DATE   | UD DUDEOTODO IN 160                                 |
| 12.  | OFFICENS                                      | DELETE   | 13.   |                    | ADDITIONS/CHANGES TO OFFICERS A  | Change Addition                                     |
| NAME   | GHATIT, RAMZE                                 | Cytical  | 1.2 NAME  |                    |  | orange radiation                                    |
| STREET ADDRESS   | 2919 E. COMMERCIAL BL                         | VD STE A   |   | T ADDRESS          |  |   |
| CITY-ST-ZIP  | FT. LAUDERDALE FL 333                         |  | 1.4 CITY-   |                    |  |   |
| TITLE  | D DELETE  QHATIT, SAMER                       |  | 2.1 TITLE   | 51-111             |  | Change Addition                                     |
| NAME   |   |  | 2.2 NAME  |                    |  | _ , _   |
| STREET ADDRESS   | 2919 E. COMMERCIAL BL                         | .VD STE A  | 2.3 STREE   | T ADDRESS          |  |   |
| CITY-ST-ZIP  | FT. LAUDERDALE FL 333                         | 08   | 2. 4 CITY-  | J                  |  |   |
| TITLE  |   | DELETE   | 3.1 TITLE   |                    |  | Change Addition                                     |
| NAME   |   |  | 3.2 NAME  |                    |  |   |
| STREET ADDRESS   |   |  | 3 3 STREE   | T ADDRESS          |  | ì   |
| CITY-ST-ZIP  |   |  | 3.4. CITY -   | ST-ZIP             |  |   |
| TITLE  |   | ☐ DELETE   | 4,1 TITLE   | -                  |  | Change Addition                                     |
| NAME   |   |  | 4. 2 NAME   |                    |  |   |
| STREET ADDRESS   |   |  | 4.3 STREE   | T ADDRESS          |  |   |
| CITY-ST-ZIP  |   |  | 4.4 CITY -  | ST-ZIP             |  |   |
| TITLE  |   | DELETE   | 5.1 TITLE   |                    |  | Change Addition                                     |
| NAME   |   |  | 5.2 NAME  |                    |  |   |
| STREET ADDRESS   |   |  | 5.3 STREE   | T ADDRESS          |  |   |
| CITY-ST-ZIP  |   |  | 5.4 CITY-   | ST-ZIP             |  |   |
| TITLE  |   | ☐ DELETE   | 6.1 TITLE   |                    |  | Change Addition                                     |
| NAME   |   |  | 6.2 NAME  |                    |  |   |
| STREET ADDRESS   |   |  | 6.3 STREE   | 1 ADDRESS          |  |   |
| CITY-ST-ZIP  |   |  | 6.4 CITY-   | ST-ZIP             |  |   |

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 suppliemental 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 enpowered 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 attachny flowith it is address.

applic 22/08