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FILED

Apr 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000032933 (9)

1. Corporation Name
RAMAL TRADING CORP

Principal Place of Business
444 BRICKELL AVE. SUITE 425
MIAMI FL 33131

Mailing Address
444 BRICKELL AVE. SUITE 425
MIAMI FL 33131-2405



3. Date Incorporated or Qualified
04/10/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 4141 NE 2ND AVE #200B

26 4141 NE 2ND AVE

22 200B

27 200B

23 MIAMI FL

28 MIAMI FL

24 33137

Country
US

29 33137

Country
US

4. FEI Number

650658657

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

9. Name and Address of Current Registered Agent

MONTELEONE, RAFFAELE
444 BRICKELL AVE, SUITE 425
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

MONTELEONE R.

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

4141 NE 2ND AVE

83

STE 200B

84 City

MIAMI

FL

85 Zip Code
33137

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, 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

Signature typewritten printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

4/21/97

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
MONTELEONE, RAFFAELE
444 BRICKELL AVE, SUITE 425
MIAMI FL 33131

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
RODRIGUEZ, MALENA
444 BRICKELL AVE, SUITE 425
MIAMI FL 33131

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

4141 NE 2ND AVE STE 200B

1.3 STREET ADDRESS

MIAMI FL 33137

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

4141 NE 2ND AVE STE 200B

2.3 STREET ADDRESS

MIAMI FL 33137

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/97 305 573-5424

Date

Daytime Phone #

CR2E034 (9/96)