

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

FILED  
May 08 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

Mailing Address

4141 NE 2ND AVE  
STE #200-B  
MIAMI FL 33137  
US

4141 NE 2ND AVE  
STE #200B  
MIAMI FL 33137  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/10/1996

4. FEI Number

65-0658657

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 or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 1235 CORAL WAY

Suite, Apt. #, etc.

22 SUITE 101

23 City & State  
Miami, FL

24 Zip  
33145

Country

25 U.S.A.

2a. Mailing Address

26 1235 CORALWAY

Suite, Apt. #, etc.

27 SUITE 101

28 City & State  
Miami, FL

29 Zip  
33145

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

MONTIELONE, R  
4141 NE 2ND AVE  
STE #200 B  
MIAMI FL 33137

10. Name and Address of New Registered Agent

81 Name

MALENA RODRIGUEZ

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

2180 BRICKELL AV. No. 9

83

84 City

Miami

FL

85 Zip Code  
33129

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

Signature, typed or printed name of registered agent and firm, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1/20/98

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D MONTELEONE, RAFFAELE  
STREET ADDRESS 4141 NE 2ND AVE, #200B  
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME D RODRIGUEZ, MALENA  
STREET ADDRESS 4141 NE 2ND AVE, #200B  
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME D RAFFAELE MONTELEONE  
1.3 STREET ADDRESS 2180 BRICKELL AV. No. 9  
1.4 CITY-ST-ZIP Miami, FL 33129

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME D MALENA RODRIGUEZ  
2.3 STREET ADDRESS 2180 BRICKELL AV. No. 9  
2.4 CITY-ST-ZIP Miami, FL 33129

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 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

MALENA RODRIGUEZ

1/20/98 (305) 856 5560

CR2E034 (10/97)