

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
Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90107 039 ***150.00

DOCUMENT # P96000032933

1. Corporation Name
RAMAL TRADING CORP

Principal Place of Business

1235 CORAL WAY
SUITE 101
MIAMI FL 33145
US

Mailing Address

1235 CORAL WAY
SUITE 101
MIAMI FL 33145
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 ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

9. Name and Address of Current Registered Agent

RODRIGUEZ, MALENA
2180 BRICKELL AVE
9
MIAMI FL 33129

10. Name and Address of New Registered Agent

81 Name

MALENA RODRIGUEZ

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

1920 NE 206 TERR.

83

84 City

No. Miami Beach

85 Zip Code

FL 33179

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

Malena Rodriguez

(NOTE: Registered Agent signature required when reinstating)

DATE

1-26-99

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **MONTELEONE, RAFFAELE**
STREET ADDRESS **2180 BRICKELL AVE #9**
CITY-ST-ZIP **MIAMI FL 33129**

TITLE **D** ☐ DELETE
NAME **RODRIGUEZ, MALENA**
STREET ADDRESS **2180 BRICKELL AVE #9**
CITY-ST-ZIP **MIAMI FL 33129**

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 **SD** ☒ Change ☐ Addition
1.2 NAME **RAFFAELE MONTELEONE**
1.3 STREET ADDRESS **1920 NE 206 TERR**
1.4 CITY-ST-ZIP **No. Mia. Bch, FL 33179**

2.1 TITLE **PD** ☒ Change ☐ Addition
2.2 NAME **MALENA RODRIGUEZ**
2.3 STREET ADDRESS **1920 NE 206 TERR**
2.4 CITY-ST-ZIP **No. Mia. Bch, FL 33179**

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, with all other like empowered.

SIGNATURE:

Malena Rodriguez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-26-99 (305) 856-5560

CR2E034 (11/98)

0272081