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

SIGNATURE:

FILED PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 97 SEP 24 AM 9: 22 DIVISION OF CORPORATIONS 1997 DOCUMENT # P96000044007 (8) SECHEDARY OF STATE TÄLLAHVISSEE, PLÖHIDA RAMA GIFTS INC. Principal Place of Business Mailing Address 757 N.W. 27th Ave. P.O. Box 432212 3rd Floor Miami, FL. 33243-2212 Miami, FL. 33125 3. Date Incorporated or Qualified 3a. Date of Last Report <u>05/16/96</u> 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0680842 26 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State \$5.00 May Be 6. Flection Campaign Financing П 28 Trust Fund Contribution Added to Fees 23 Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes X No Florida Statutes 24 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name Heyward A. Bradman Street Address (P.O. Box Number is Not Acceptable) 757 N.W. 27th Ave. 83 3rd Floor Miami, FL. 33125 84 City 85 Zip Code 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. Thereby 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 title if applicable (NOT: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. D/P DELETE Change Addition TITLE 1.1 117(6 NAME Willie Evans 1.2 NAME STREET ADDRESS 757 N.W. 27th Ave. 3rd Floor 1.3 STREET ADDRESS 400002303754--- E CITY-ST-ZIP Miami, FL. 33125 14 CHY-ST-ZIP DELFTE 2.1 THIE TITLE \*\*\*\*165.00 \*\*\*\*165.00 NAME Rajesh Amarnani 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 757 N.W. 27th Ave. 3rd Floor CITY-ST-ZIP 2. 4 CITY-ST-ZIP Miami, FL. 33125 DELETE Change 3 1 1 ITLE Addition TITLE D/S/T 3.2 NAME NAME Heyward A. Bradman 3 3 STREET ADDRESS STREET ADDRESS 757 N.W. 27th Ave. 3rd Floor 3.4 C(1Y-ST-Z)P CITY-ST-ZIP Miami, FL. 33125-DELETE 4 1 TITLE Change Addition TITLE NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - \$1 - 7IP CHY-ST-ZIP DELETE Addition Change TITLE 5.1.10LE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - 7IP CITY-ST-ZIP DELETE Change Addition TITLE 6.1 Till: F NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 C(1.Y - S1 - Z)P 14. I do hereby certify that the information supplied with this filling 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 eath. 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.

(305)

Heyward A. Bradman D/S/T 5/18/97 253-5657

(2)

Division of Corporations Annual Reports Section P.O. Box 1500 Tallahassee, FL. 32302-2212

Re: Rama Gifts, Inc.

Dear Sir/Madam

As per my telephone conversation with a person in your office on September 12, 1997, this letter is to confirm that I did not receive the annual report notwithstanding the fact that the address was correct. That your records show that the annual report was returned by the U.S. Postal Service. That because it was the fault of the U.S. Postal Service that I did not receive the annual report no late fee will be charged.

Thank you for your cooperation on this matter.

Sincerely

ward A. Bradmar