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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000044346 (0)

RAMAR EXPORT CORPORATION

FILED Jan 27 1997 8:00am Secretary of State



Principal Place of Business 8210 NW 169 TERRACE MIAMI FL 33016		Maring Address 8210 NW 169 TERRACE MIAMI FL 33016-3440				I 100(1965 file 1911) dilly Sairt Sairt Sairt Sairt State (111) Disig Stiff (100)		
						3. Date Incorporated or Qualified 05/20/1996	3a. Date of La	st Report
	lace of Business	——	g Address			4. FEI Number		Applied For
21		26	And Hoster			65-0667507		Not Applicable
Suite, Apt	#, etc	27 Suite,	Apt#, etc.			5. Certificate of Status Desired		5 Additional Required
City & State	e		State			6. Election Campaign Financing		00 May Be
3		28				Trust Fund Contribution		ed to Fees
Ζιρ	Country	Zip		Count	у	8. This corporation has liability for i		
4	25	29		30			Yes No	
	9. Name and Address of Curren	nt Registered /	\gent			10. Name and Address of New Re	gistered Agent	
REU	s, manuel			6	1 Name			
19411 E. OAKMONT DR.					82 Street Address (P.O. Box Number is Not Acceptable)			
MIAI	MI FL 33015			Ĺ			7	
				8	3			
				8	4 City		85	Zip Code
							FL "	-ip 0-040
SIGNATURE	Signature typed or printed name of registered ag	out and tipe if as plica		01E: Registered A	gent signature requ	uired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE	FORS IN 12
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NAME				6.2 NAM	1			
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CITY-ST-ZIP				6.4 CITY				
14 Lda boro	Support that the intermation arresti	ed with the office	n doon not all			od in Section 110 07/3Vi). Florida Statute	o I further cortifu	that the

I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0/(3)(i). Florida Statutes, I turther 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 comporation 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 12 of Block 12 of the comporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE: