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PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000103759 (2) FIRE-RAM INTERNATIONAL, INC.

FILED Apr 21 1997 8:00am Secretary of State



Principal Place of Business Mailing Address								E INDIINDE INT NEWS BRIEF WALLE COLOR		1)1 (803) 1 0)	10 (01) (00)	
17802 N.W. 79TH COURT MIAMI FL 33015			17802 N.W. 78TH COURT MIAMI FL 33015-2825									
i							}	3. Date Incorporated or Qualified 12/20/1996	3a. Dat	e of Last	Report	
2. Principal Place of Business			2a. Mailing Address					4, FEI Number Applies				
21			26					65 - 0724595 Not Applie ★ \$8,75 Addition				E
Sulte, Apt. #, etc.			Suite, Apt. #, etc.					5. Certificate of Status Desired	<u> X</u>	30./3	n Additional	٠
City & State	9	С	City & State					6. Election Campaign Financing \$5.00 May Be				
28	i	28	28					Trust Fund Contribution Added to Fees				
Zip	Country	Z	<u>⊢</u>			ountry		8. This corporation has liability for intangible tax under s. 199.032,				
24	25	29					Florida Statutes Yes X No 10. Name and Address of New Registered Agent					
100	9, Name and Address of Curre	nt Hegister	ed Agent		81	Name		10. Name and Address of New He	gistered A	gent		
	ENZO, MANUEL JR. 2 N.W. 79TH COURT								 			
MIAMI FL 33015					82	Street	Addres	ddress (P.O. Box Number is Not Acceptable)				
. INIE	M 1 L 000 10				83							
					84	City				85 Zi	o Code	
Ad Oursell	to the provisions of Continue CO7 Of	00 and 007	1500 Florido Ptotul	ion the o		nomod	narnar	ation submits this statement for the p	FL	obanaina	ito ropistoros	
office or re	egistered agent, or both, in the Statem familiar with, and accept the obli	c of Florida.	Such change was	authorize	d by	the con	poration	alion submits this statement for the parties board of directors. I hereby accept	of the appo	ointment a	as registered	1
SIGNATURE	Signature, typed or printed name of registered a	cont prof tile if a	(NO3	f : Donistoro	d A00	nt rioual re	roquirod	when rejectation	DATE			
12.	OFFICERS A					required	ADDITIONS/CHANGES TO OFFIC		DIRECTO	DRS IN 12	· g	
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STREET ADDRESS						ADDRESS						
CITY-ST-ZIP					ITY-S							
	by certify that the information supplies	ed with this	filing does not qual				stated in	n Section 119.07(3)(i), Florida Statute	s. I further	certify th	at the	

minimation moleculor on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made under of Lam 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 chapter, or on an attachment with an address.

(305) 209-4900