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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**

DOCUMENT # P9700001203

RAMDIAL COMMUNICATIONS, INC.

Princ	cipa	P	ace	of	Bus	sın
1430	SW	52	LAI	NE		
PI AN	TAT	ON	FI	33	317	

Mailing Address

1430 SW 52 LANE PLANTATION FL 33317

Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90223 041 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

				01/06/1997						
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied F	or				
21		26		65-0723761	Not Appli	icable				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Addition Fee Required					
City & State	9	City & State		6. Election Campaign Financing	\$5.00 May B	ia Re				
		28		Trust Fund Contribution	Added to Fees					
23 Zip	Country	Zip	Country	8. This corporation owes the current year to	ntangible	_				
			30	Personal Property Tax.	☐Yes ☐No	,				
24	9. Name and Address of Curre		30	10. Name and Address of New Registere	d Agent					
RAM	DIAL, ROHAN	iit (tegisteres Agein	81 Name							
	SW 52 LANE		82 Street Ad	82 Street Address (P.O. Box Number is Not Acceptable)						
	NTATION FL 33317		83							
FLAI	TATION FE 33317		63							
			84 City	F	—)					
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was au	itnorized by the corpora	rporation submits this statement for the purpose of the purpose of the state of the	of changing its registe ointment as registere	ered ed				
SIGNATURE	Signature, typed or printed name of registered age	and title if applicable (NOTE:	Registered Agent signature requ	ired when reinstating) DATE		_				
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN	112				
		☐ DELETE	11 TITLE			Addition				
TITLE	D DAMPIAL BOLLAN	٠. ٢٠٠٠	1.2 NAME							
NAME	RAMDIAL, ROHAN									
STREET ADDRESS	1430 SW 52 LANE		1.3 STREET ADDRESS							
CITY-ST-ZIP	PLANTATION FL 33317		1.4 CITY-ST-ZIP		Change []	Addition				
TITLE		☐ DELETE	2.1 TITLE		Cloudings Cl	, www.				
NAME			2.2 NAME							
STREET ADDRESS			2.3 STREET ADDRESS							
CITY-ST-ZIP			2. 4 CITY-ST-ZIP							
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐	Addition				
NAME			3.2 NAME							
STREET ADDRESS			3 3 STREET ADDRESS							
			3.4. CITY-ST-ZIP							
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐	Additio				
		—	4. 2 NAME							
NAME			4.3 STREET ADDRESS							
STREET ADDRESS			1							
CITY-ST-ZIP		□ DELETE	4.4 CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	Change	Additio				
TITLE		☐ DELETE	5.1 TITLE							
NAME			5.2 NAME		,					
STREET ADDRESS			5.3 STREET ADDRESS							
CITY-ST-ZIP			5.4 CITY-ST-ZIP		<u>-</u> -	4 1				
TITLE		☐ DELETE	6.1 TITLE		Change	Addition				
NAME			6.2 NAME							
STREET ADDRESS			6.3 STREET ADDRESS							
			6.4 CITY-ST-ZIP							
CITY-ST-ZIP	ì									

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

And Rond: 41 (Ples) 3-9-99 84-792-4068
RECTOR Date Date Date Phone #