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CR2E034

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00				A M E N D E D 'As of 01/01/1999		
COI	PROFIT FLORIDA DEPARTA CORPORATION Katherine		e Harris	trus 1 4	ben link	
ANN	ANNUAL REPORT Secretary of State  1999 DIVISION OF CORPORATIONS		FILED			
DOCUMENT # P97000002497				99 AUG -9 PH 12: 55		
RAMLEX, INC.				SECRETARY OF STATE TALLAHASSEE, FLORIDA		
				IALLANASSE	EFLURIDA	
Principal Place of Business Mailing Address						
7292 N.W. 8 St. 7292 N.W. 8 St. Miami, Fl. 33126 Miami, Fl. 33126				DO NOT WRITE IN THIS SPACE		
,				3. Date Incorporated or Qualifed 01/10/1997		
2. Principal Place of Business 2a. Mailing Address 21				4. FEI Number 65-0712737	Applied For Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.			= <u></u> -	5 Certificate of Status Desired	.75 Additional	
22     27				R Flaction Compaign Financing	5.00 May Be	
23	Country	28	Country	Trust Fund Contribution A	dded to Fees	
24 24	Zip Country Zip Co 25 30			8. This corporation owes the current year Intangible Personal Property Tax.		
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent						
L	opez, Felipe		{ } }	Alex Lopez ress (P.O. Box Number is Not Acceptable)		
3034 SW 98 Ct				3034 SW 98 Ct.		
Miami, Fl. 33165						
			84 City	Miami <b>FL</b> i	Zip Code 33165	
11. Pursuant office or r	to the provisions of Sections 607.0502	and 607 1508, Florida Statutes	the above-named corp	oration submits this statement for the purpose of chang	ing its registered	
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 Pre SI deut Signature, hybrid or privad name of registered agont and title if applicable (NOTE Registered Agont algorithms required a						
12.	OFFICERS AND	DIRECTORS  XX DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIR	ECTORS IN 12	
NAME	Lopez, Felipe	AX	<b>4</b> "	Dopez, Alex	in the section	
STREET ADDRESS	3034 SW 98 CT.			3034 SW 98 CT.	j	
CITY-ST-ZIP	Miami, FL 33165	□ DELETE	1.4 City-ST-ZIP	Miami, FL 33165	nange Addition	
TITLE NAME		C) DECENE	2.1 TITLE 2.2 NAME		iangeAuduuni :	
STREET ADDRESS			23 STREET ADDRESS		]	
CITY-ST-ZIP		F1 ac. 154	2.4 CITY-ST-ZIP			
TITLE NAME		[] DELETE	3.1 TITLE 3.2 NAME			
STREET ADDRESS			3.3 STREET ADORESS	4000029598; -08/13/99011	05007	
CITY-ST-ZIP			3.4. CITY-ST-ZIP	*****61.25 *	****61 <b>.</b> 25	
TITLE NAME		☐ DELETE	4.1 TITLE 4.2 NAME		ange Addition	
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		DELETE	5.1 TITLE 5.2 NAME	□ Ch	ange Addition	
NAME STREET ADDRESS	,	!	5.3 STREET ADDRESS		}	
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE	<del></del>	☐ DELETE	61 TITLE	, TC	ange	
NAME STREET ADDRESS	•**		6.3 STREET ADDRESS	TS	ĺ	
CITY-ST-ZIP	<u> </u>		6.4 C/TY-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.						
CICNATURE: 1 2 1 1 2/20/00						
SIGNATURE:  SIGNATURE AND TYPED ON PRINTED HAVE DE SIGNATURE OR DIRECTOR  Dels Daylone Phone #						