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

**PROFIT** CORPORATION ANNUAL REPORT 1998

FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

> Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000048026 (3)

Principal Place of Business	Mailing Address	
5854 DAWSON ST #3 HOLLYWOOD FL \$3023	5854 DAWSON ST #3 HOLLYWOOD FL 33023	
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**FILED** Feb 16 1998 8:00am Secretary of State

D. RAMIREZ ENTERPRISES, CORP. DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/30/1997 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 59-958 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 28 Trust Fund Contribution Added to Fees Country Country Zip 8. This corporation owes or has paid the current year Intangible 30 Yes ☐ No 29 Personal Property Tax due June 30. 25 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 RAMIREZ, DANILO 5854 DAWSON ST., #3 82 Street Address (P.O. Box Number is Not Acceptable) HOLLYWOOD FL 33023 83 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. 50th 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, 550 for 607,0505, Florida Statutes. agent. I am familiar with, and accept the obligations of, and accept the obligations of, and the parties of the obligations of SIGNATURE (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. **DPS** DELETE TITLE 1.11018 Change Addition RAMIREZ, DANILO NAME 12 NAME 5854 DAWSON ST., #3 STREET ADDRESS 1.3 STREET ADDRESS HOLLYWOOD FL 33023 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITE F 2.1 TITLE Change Addition 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 CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE Change 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - \$T - 2IP DELETE TITLE Change Addition 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - 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 supplimental 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 of 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, and attachment with an address.