PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000082527

1. Corporation Name

RAM'S PAINTING, INC.

Principal Place of Business

Mailing Address

10301 PUERTO RICO DRIVE

10301 PUERTO RICO DRIVE

## **FILED** Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90034 029 \*\*\*150.00



MIAMI FL 33189	9 MIAMI FL 33189					DO NOT WRITE IN THIS SPACE			
	لين البناد التوليقية بالما ليدانه والاطلام الاستثناء	The second secon	·		، سيندر ميني	3. Date incorporated or Qualifed			
						09/24/1997			
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number			Applied For
21		26				65-0782361		ببب	Not Applicable
Suite, Apt. i	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired			Additional
22	·	27							Required
City & State	<del>e</del>	City & State				6. Election Campaign Financing			May Be
23		28				Trust Fund Contribution	<del></del>		d to Fees
Zip	Country	Zip	_ Count	iry		8. This corporation owes the curr	ent year Inta	ingible ☐Yes	□No
24	25	29 36	<u> </u>			Personal Property Tax.  10. Name and Address of New F	Posistored (		
	9. Name and Address of Current	Registered Agent		31	Name	10, Name and Audress of New P	tegistereu ,	- Source	
RAMNANAN, EMMANUEL						·			
10301 PUERTO RICO DRIVE				32	Street Addre	ess (P.O. Box Number is Not Accepta	able)		
MIAMI FL 33189			-						
IAITAIA	W I F 20 103			33					
			Ē	4 (	City			85 Zip	p Code
	to the provisions of Sections 607.0502						<u>FL</u>		-
- office or re	to the provisions of Sections 607,0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	t Florida "Such change was auft	TORZEO E	าบาก	e corporation	n's board of directors. I hereby accep	ot the appoir	tment as	registered .
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTF: Re	enistered A	gent si	ionature required	when reinstating)	DATE		
12.	OFFICERS AND		13.	30	9.0.0	ADDITIONS/CHANGES TO OF	FICERS AN	D DIREC	TORS IN 12
TITLE	D	☐ DELETE	1.1 TITL	Ę				Chang	
NAME	RAMNANAN, EMMANUEL	•	1,2 NAM	E					
STREET ADDRESS	10301 PUERTO RICO DRIVE		1,3 STR	EET AL	DDRESS				
CITY-ST-ZIP	MIAMI FL 33189		1.4 CITY						
TITLE	100 100	☐ DELETE	2.1 TITL					Chang	e Addition
NAME .			22 NAM	Æ	į				
STREET ADDRESS			2.3 STR	EET AL	DDRESS				
CITY-ST-ZIP	·		2, 4 CIT						
TITLE		☐ DELETE	3,1 TITL					Change	e 🔲 Addition
NAME			3.2 NAM	IĖ.					
STREET ADDRESS			3,3 STR	EET AI	DORESS				
CITY-ST-ZIP		•	3.4. CIT						
TITLE		☐ DELETE	4.1 TITL		-			Chang	e Addition
-NAME			4, 2 NA	ÆÆ	عدامر				
STREET ADDRESS			4.3 STR	EET AL	DDRESS				
CITY-ST-ZIP			4.4 CITY						
TITLE		☐ DELETE	5.1 TITL		_			☐ Chang	je 🗌 Addition
NAME			5.2 NAM	Œ					
STREET ADDRESS			5.3 STR	EET A	DDRESS				
CITY-ST-ZIP			5.4 CITY	/-ST-Z	ZIP	•			
TITLE		☐ DELETE	6.1 TITL	Ę				☐ Chang	e Addition
NAME	1693 Q.S.	4 3 Med 1 3	6.2 NAM	Æ					
STREET ADDRESS		•	6.3 STR	EET A	DORESS				
CITY OF 710	<b>,</b>		6.4 CITY	/-ST-2	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.

SIGNATURE: