Applied For

Fee Required

\$5,00 May Be. Added to Fees

Not Applicable \$8.75 Additional

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 # **P97000085533**

Country

1. Corporation Name

RAM DECORATING, INC.		
Principal Place of Business	Mailing Address	
1801 NORTH 41ST AVENUE HOLLYWOOD FL 33021	1801 NORTH 41ST AVENUE HOLLYWOOD FL 33021	
2. Principal Place of Business	2a. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	

Zip

FILED Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90062 047 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

Trust Fund Contribution

Election Campaign Financing

8. This corporation owes the current year Intangible

10/03/1997 4. FEI Number

65-0784898

9. Name and Address of Current Registered Agent AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134 84 City FL 85 Zip Code 84 City FL 85 Zip Code 85 Zip Code 86 Zip Code 87 City FL 85 Zip Code 87 City FL 85 Zip Code 88 Zip Code 88 Zip Code 89 Zip Code 89 Zip Code 80 Zip Code 81 Lin Till E	24	25	29	30			Personal Property Tax.	☐ Yes	X No
AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134 82 Stroat Address (P.O. Box Number is Not Acceptable) 83 94 City FL 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 agent. I am femiliar with, and accept the obligations of, Section 607,0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am femiliar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. ITILE MADERA, ROBERT A 12 MME 13 STREET ADDRESS 14 CMY-ST-ZP HOLLYWOOD FL 33021 14 CMY-ST-ZP 15 STREET ADDRESS 15 MORES	<u> </u>						10. Name and Address of New Registe	red Agent	
343 ALMERIA AVENUE CORAL GABLES FL 33134 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes. 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes at the original provision of Sections 607.0505. Florida Statutes at the original provision of Sections 607.0505. Florida Statutes at the original provision of Sections 607.0505. Florida Statutes at the original provision of Sections 607.0505. Florida Statutes at the original provision of Sections 607.0505. Florida Statutes at the original provision of the provisions of Sections 607.0505. Florida Statutes at the original provisions of Sections 607.0505. Florida Statutes at the original provisions of Sections 607.0505. Florida Statutes at the original provisions of Sections 607.0505. Florida Statutes at the original provisions of Sections 607.0505. Florida Statutes at the original provisions of Sections 607.0505. Florida Statutes at the original provisions of Sections 607.0505. Florida Statutes at the original provisions of Sections 607.0505. Florida Statutes at the original provisions of Sections 607.0505. Florida Statutes at the original provisions of Sections 607.0505. Florida Statutes at the original provisions of Sections 607.0505. Florida Statutes at the original provisions of Green provisions of Sections 607.0505. Florida Statutes at the original provisions of Green provisions of Gree					81	Name			
AS ALMERIA AVENUE CORAL GABLES FL 33134 83 84 City FL 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 sigent, 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 office or registered sigent, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, hyper or prised results and registered appointment as registered directors. I hereby accept the appointment as registered office or registered appointment as registered appointment appointment as registered appointment appointment appointment as registered appointment appoi		· · · · · · · · · · · · · · · · · · ·	*		82	Street Add	Iress (P.O. Box Number is Not Accentable)		
11. Pursuant to the provisions of Sections 607 0502 and 507 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered or 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 or green with, and accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE Signature, typed or pristed rame of registered agent and till of speciates. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TILE MADERA, ROBERT A 1801 NORTH 41ST AVENUE 1.5 STREET ADDRESS CITY-ST-ZP HOLLYWOOD FL 33021 1.4 CITY-ST-ZP TITLE MADERA, LUH M 1801 NORTH 41ST AVENUE 1.5 STREET ADDRESS CITY-ST-ZP TITLE 1.5 STREET ADDRESS CITY-						Oli GOL / IGG			
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office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board or directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607:0505, Florida Statutes. SIGNATURE State of Registered Agent signature required when reinstation; DATE									oue
Signature, yound or printed rame of registrater appricated Appen registrated Appen	office or re	egistered agent, or both, in the State o	f Florida. Such change	a was authoriz	zed by t	ine corporati	poration submits this statement for the purposion's board of directors. I hereby accept the a	e of changing its ppointment as reg	registered ristered
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE	SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable	(NOTE; Registe	red Agent	signature requir	ed when reinstating) DAT	E	
TITLE								S AND DIRECTO	RS IN 12
13 STREET ADDRESS	TITLE	PSD	DEL	.ETE 1,	TITLE			Change	☐ Addition
13 STREET ADDRESS	NAME	MADERA, ROBERT A		1.5	NAME				ζ.
HOLLYWOOD FL 33021		1801 NORTH 41ST AVENUE		1.3	STREET	ADDRESS			
TITLE MADERA, LUH M 1801 NORTH 41ST AVENUE 22 NAME 23 STREET ADDRESS HOLLYWOOD FL 33021 2.4 CITY-ST-ZIP HOLLYWOOD FL 33021 2.4 CITY-ST-ZIP Change Addit MADERA, LUH M 1801 NORTH 41ST AVENUE 22 STREET ADDRESS CITY-ST-ZIP DELETE 4.1 TITLE ADDRESS CITY-ST-ZIP TITLE ADDRESS A4. CITY-ST-ZIP TITLE ADDRESS A5. CITY-ST-ZIP ADDRESS ADDRESS A5. CITY-ST-ZIP ADDRESS ADDRESS A5. CITY-ST-ZIP ADDRESS ADDRESS		HOLLYWOOD FL 33021		1,	4 CITY-ST	-ZiP			
STREET ADDRESS 1801 NORTH 41ST AVENUE	TITLE	VTD	☐ DEL	.ETE 2.	TITLE			☐ Change	☐ Addition
CITY-ST-ZIP	NAME	MADERA, LUH M		2.	2 NAME				
CITY-ST-ZIP	STREET ADDRESS	1801 NORTH 41ST AVENUE		2.	STREET	ADDRESS			
DELETE DELETE 3.1 TTLE Change Addition Addi		HOLLYWOOD FL 33021		2.	4 CITY-S	r- ZIP			
STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	TITLE		□ DEI	.ETE 3.	TITLE			☐ Change	☐ Addition
34. CITY-ST-ZIP 34. CITY-ST-ZIP	NAME 1	د د د		· 3.	2 NAME	· -	gr. de		
DELETE	STREET ADDRESS			3.	STREET	ADDRESS			
TITLE DELETE 1 TITLE Change Addit	CITY-ST-ZIP.			3.	4, CITY-S	r-zip			
### ### ##############################	TITLE ;		DEL	.ETE 4.	1 TITLE			☐ Change	☐ Addition
A CITY-ST-ZIP	NAME ,			4.	2 NAME	ļ			
A CITY-ST-ZIP	STREET ADDRESS		,	4.	3 STREET	ADDRESS			
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CITY-ST-ZIP 6.4 CITY-ST-ZIP	NAME !			6.	2 NAME				
GITY-ST-ZIP 6.4 CITY-ST-ZIP	STREET ADDRESS			6.	STREET	ADDRESS			
	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 suppliemental 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	14 Lharaby	certify that the information supplied with	this filing does not qu	alify for the e	xempti	on stated in	Section 119.07(3)(i), Florida Statutes. I furthe	r certify that the in	noitemation

Country