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 # P9700090839 1. Corporation Name

RAMAT MIAMI, CORP.

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90255 006 ***150.00



Principal Place of Business Mailing Address					\$ 18811881 110 18111 18811 8811 48111 88111 88	, ,	1111# (#I) 18 8 (
48 E. FLAGLER ST., STE. 368 48 E. FLAGLER ST., STE. 3 MIAMI FL 33131 MIAMI FL 33131		368		DO NOT WRITE IN TH	IS SPACE		
					3. Date Incorporated or Qualifed		
			•		10/21/1997		ĺ
2 Principal P	Place of Business	2a. Mailing Address			4. FEI Number	App	lied For
	S.W. 72nd Street	26 9260 S.W.	72nd	Street	65-0789630	Not	Applicable
21 9260 Suite, Apt.		Suite, Apt. #, etc.	Zuu	Bereer	_	\$8.75 A	dditional
		27 206		-	5 Certificate of Status Desired	Fee Red	
22 206 27 206 City & State City & State				6. Election Campaign Financing	\$5.00	May Re	
<u> </u>		20			Trust Fund Contribution	Added to	
23 Miami Zip	.Country	Zip Kiami, F1	Cou	ntry	8. This corporation owes the current year	Intangible	
		— i		•	Personal Property Tax.	Yes	⊠No
24 33173	9. Name and Address of Curren		30	Dade	10. Name and Address of New Registere		
	or status and status of Control			81 Name			
MAR	rbin, evan r					· ·	
48 E. FLAGLER ST., STE. 368				82 Street Adda	ress (P.O. Box Number is Not Acceptable)		
	MI FL 33131			83			
14117-11				[]		; <u></u>	
				84 City	F	85 Zip C	ode
		0 1007 4500 Ft-11 Ot-14	40		-		registered
office or r	registered agent, or both, in the State (of Florida. Such change was at	uthonzed	i by the corporation	poration submits this statement for the purpose on's board of directors. I hereby accept the app	pointment as reg	istered
agent. I a	am familiar with, and accept the obligat	tions of, Section 607.0505, Flor	rida Stati	utes.			
SIGNATURE						***	
	Signature, typed or printed name of registered agen			Agent signature require		AND DIDECTO	DC IN 12
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	Change	Addition
TIFLE	D	☐ DELETE	1.1 TI				
NAME	ANDRADE, JENNY M		1.2 N	AME			
STREET ADDRESS	CALLE 10, NO. 10-E/37		1.3 S1	TREET ADDRESS			
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TITLE	,,	☐ DELETE	2.1 TI	TLE		Change	☐ Addition
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NAME STREET ADDRESS CITY-ST-ZIP			5.2 N/ 5.3 S ² 5.4 Cl 6.1 Π 6.2 N/	AME TREET ADORESS ITY-ST-ZIP TLE		. •	_

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 off on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP