PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Jarris Secretary of State

DIVISION OF CORPORATIONS

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May 08, 1999 8:00 am Secretary of State 05-08-1999 90030 007 ***150.00

RAMA GROUP INC.								
Principal Place of Business	Mailing Address			1 fedilipet tia intit fabre aner es	271 78 111 8 8118 1	Altı (Mult Deter	0 11019 Erst (401	
PO BOX 520013	PO BOX 520013							
MIAMI FL 33152-0013 MIAMI FL 33152-0013		DO NOT WRIT	TE IN THIS :	SPACE				
}				3. Date Incorporated or Qualifed				1
]				11/10/1997				
2. Principal Place of Business	2a. Mailing Address			4. FEI Number		A	polied For]
21	26			65-0796629			ot Applicable	ļ
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional	ļ
22	27			6. Election Campaign Financing	<u> </u>		equired	ł
City & State	<u></u>	City & State					May Be	ن⇒
23		Zip Country			ent year inta			1
Zip Country	Zip	30	' '	This corporation owes the curr Personal Property Tax.	on year and	∐ Yes	□No	}
9. Name and Address of Current		30,		10. Name and Address of New F	Registered A	gent]
Transaction of the state of the		e	1 Name					ļ
KENHAN, GEORGE	02042	-	2 Street Ad	dress (P.O. Box Number is Not Accepta	sble)			1
12050 NW 102 CT	ا ر ما دی در ما		Sueek					
KENHAN, GEORGE 12650 NW 102 CT MANH FL 33018 18250 NW. 110 CT. III. Hi alex business of Sections 607,0500	2316 A	> 8	3					1
1850 MM. 110 CL		8	4 City			85) Zip	Code	j
Hialed bow to or FC	. 3301K	}*	1 1		<u>FL</u>	ببل		
Pursuant to the provisions of Sections 607.050; office or registered agent, prototic in the State agent. I am familiar with and accept the obligations.	2 and 607.1508, Florida Statute	s, the abo	ve-named co	rporation submits this statement for the	purpose of o	changing its itment as re	registered egistered	1
agent. I am familiar with and scept the oblige	tions of, Section 607.0505, Flori	da Statut	ss.	. 1	1.10		-	Į.
SIGNATURE	<u></u>				1119			١.
	it and title if applicable. (NOTE:	Registered A		ured when rowstating)	Site 2			é
Signature, typed or printerTaine of registered agent 12. OFFICERS AN	n and title if applicable. (NOTE:	Registered A	eni signature requ		Site 2			(00,7)
12. OFFICERS AN	it and title if applicable. (NOTE:	13.	eni algorature requ	ured when rowstating)	Site 2	D DIRECTO	OR\$ IN 12	24 (44 (00)
12. OFFICERS AN TILE P ALVAREZ, MIGUEL	n and title if applicable. (NOTE:	Registered A 13, 1.1 T/U 1.2 NAM	prii algosture requ	ured when rowstating)	Site 2	D DIRECTO	OR\$ IN 12	1004 44 700
12. OFFICERS AN TITLE P NAME ALVAREZ, MIGUEL STREETADDRESS PO BOX 520013 N/A	n and title if applicable. (NOTE:	13, 1.1 T/U 1.2 NAM 1.3 STR	eni algorature requ	ured when rowstating)	Site 2	D DIRECTO	DRS IN 12	D2E024 (44/00)
12. OFFICERS AN TITLE P NAME ALVAREZ, MIGUEL STREETADDRESS CITY-ST-ZP MIAMI FL 33152-0013	n and title if applicable. (NOTE:	Registered A 13, 1.1 T/U 1.2 NAM	eral algorature requirements	ured when rowstating)	Site 2	D DIRECTO	OR\$ IN 12	/00/100/ /44/00/
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 it made under oath; that I am an officer or director of the corporation or the proceiver of trustee-epicorerio 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: