PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90166 026 ***150.00

DOCUMENT # P98000024276 1. Corporation Name

RAMA INVESTMENTS, INC.

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Principal Place of Business		Mailing Address	Mailing Address					
8445 INTERNAT	TONAL DRIVE	8445 INTERNATIONAL DR	8445 INTERNATIONAL DRIVE					
STE 107		STE 107	*·- ·			DO NOT WRITE I	IN THIS SDACE	
ORLANDO FL 32819		ORLANDO FL 32819	ORLANDO FL 32819			DO NOT WRITE IN THIS SPACE		
					1 -	corporated or Qualifed		
						3/1998		
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Nu			Apr lied For
21		26	26			-3501655		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			ate of Status Desired	¬ \$8.75	A ditional
22		27	27			ate of Status Desired	☐ Fee f	Required
City & State	e	City & State				6. Election Campaign Financing \$5.00 May Be		
23		28	<u> </u>			Trust Fund Contribution Added to Fees		
Zip Courtry			Zip Country		8 This co	This corporation owes the current year intangible		
24	25 29 30		30			al Property Tax.	☐Yes	l⊒No
	9. Name and Address of Curi		100			and Address of New Regi	istered Agent	
			81 Name		- 0			
AMERILAWYER				MANJRUM, C. PATEL				
343 ALMERIA AVENUE					c dress (P.O. Bo)	Number is Not Acceptable). e 1	
CORAL GABLES FL 33134				341	INTER	NATIONAL DRIV	ue Ste 1	107
CON	AL GABLES FL 33 134			83				
				84 City			85 Zir	p Code
				(C	RLANDO		FL 32	2312
11. Pursuant	to the provisions of Sections 607.0	tes, the al	hove-named c	rnoration submi	s this statement for the pur	pose of changing i	its registered	
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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.								
•		gationic or, occurr as research	,,,,,,,			4	-125199	
SIGNATUF E	Signature, typed or printed name of registered	agent and title if applicable. (NOT	E. Registered	Agent signature rec	quired when reinstating)		DATE	——·
12.		AND DIRECTORS	13.		ADDITIO	NS/CHANGES TO OFFIC	ERS AND DIRECT	TORS IN 12
TITLE	PSTD	☐ DELETE	1.1 Ti	rle T			☐ Change	e 🔲 Addition
NAME	PATEL, MANUBHAI C		1.2 N	MF				
				REET ADDRESS				
STREET ADDRESS 8445 INTERNATIONAL DR, STE 107		DIE IUI						
CITY-ST-ZIP	ORLANDO FL 32819			TY-ST-ZIP			Change	e Addition
TITLE		☐ DELETE	2.1 TI					e 🗆 Addition
NAME			2.2 NA	AME.				
STREET ADDRESS			2.3 \$7	REET ADDRESS				
CITY-ST-ZIP			2.4 C	ITY-ST-ZIP				
TITLE -		DELETE	3.1 TF	TLE ~			Change	e 🗌 Addition
NAME			3.2 NA	ME				
STREET ADDRESS			3.3 ST	REET ADDRESS				
CITY-ST-ZIP			34.0	ITY-ST-ZIP				
TITLE		☐ DELETE	4.1 TI				☐ Change	e Addition
			4.2 N					_
NAME								
STREET ADDRESS				REET ADDRESS				
CITY-ST-ZIP				TY-ST-ZIP				. D 8.4300
TITLE		☐ DELETE	5.1 TI	I			☐ Chang	e 🗌 Addition
NAME			5.2 N/	AME				
STREET ADDRÉSS			5.3 \$1	REET ADDRESS				
CITY-ST-ZIP			5 4 CI	TY-ST-ZIP				
TITLE	-	☐ DELETE	6.1 TI	TLE			Change	e Addition
			4					

14. I heretly 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 changes, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

64 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

VING OFFICE TOR DIRECTOR

4073526088

Daytime Phone #