PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90186 011 ***150.00

DOCUMENT #	P98000054335		
RAMI PETROLEUM, IN	IC.		
		-	
D. 1 4 DI CD 1	Mailine Address		

, a , , , , , , , , , , , , , , , , , ,		_							
Principal Place of Business	Mailing Address			i i i i i i i i i i i i i i i i i i i	s Mille Milles Stills treet aus inn.				
2701 W. ATLANTIC BLVD. POMPANO BEACH FL 33069 2701 W. ATLANTIC BLVD. POMPANO BEACH FL 33069			DO NOT WRITE IN THIS SPACE						
				3. Date Incorporated or Qualifed 06/17/1998					
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	Applied For				
21	26			65-0842561	Not Applicable				
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required				
City & State	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees				
Zip Country	Zip Cc	ountry		This corporation owes the current year In Personal Property Tax.	ntangible □ Yes □ No				
	f Current Registered Agent			10. Name and Address of New Registered	l Agent				
SALAMEH, MOHAMMAD S		81	Name						
2701 W. ATLANTIC BLVD.		82	Street Addre	eet Address (P.O. Box Number is Not Acceptable)					
POMPANO BEACH FL 33069		83							
		84	City	F	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 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.

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Reg	istered Agent signature re-	quired when reinstating)	DATE		
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO	OFFICERS AND	DIRECTOR	
TITLE	PD	DELETE	1.1 TITLE		Ţ.	Change	Addition
NAME	SALAMEH, MOHAMMAD S	ŀ	1.2 NAME				
STREET ADDRESS	21164 ESCONDIDO WAY	1	1.3 STREET ADDRESS				Ì
CITY-ST-ZIP	BOCA RATON FL 33433		1.4 CITY-ST-ZIP		,		
TITLE	STD	DELETE	2.1 TITLE			Change	Addition
NAME	NASAR, NUHA		2.2 NAME				Ì
STREET ADDRESS	21164 ESCONDIDO WAY		2.3 STREET ADDRESS				Ì
CITY-ST-ZIP	BOCA RATON FL 33433		2. 4 CITY-ST-ZIP				
TITLE		DELETE	3.1 TITLE			☐ Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				}
CITY-ST-ZIP			3.4. CITY-ST-ZIP	e e			
TITLE		DELETE	4.1 TITLE		[Change	☐ Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				p
TITLE		DELETE	5.1 TITLE].	Change	Addition
NAME			5.2 NAME		कार करने का	Tariff T	
STREET ADDRESS			53 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		DELETE	6.1 TITLE			Change	☐ Addition
NAME			6.2 NAME				·
STREET ADDRESS		1	6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 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 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: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/99

954 969-9274

Daytime Phone

POE034 (11/08)