

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 06, 1999 8:00 am  
Secretary of State

05-06-1999 90166 017 \*\*\*150.00

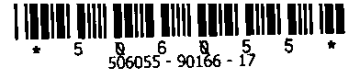
PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P 98000066835

1. Corporation Name  
RAMAR INTL INC  
540 BILTMORE WAY  
CORAL GABLES FLA 33134



Principal Place of Business  
Mailing Address  
Change to address  
Below

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
21 300 Aragon Ave  
Suite, Apt. #, etc. 300  
City & State Coral Gables Fla  
Zip 33134 Country USA  
2a. Mailing Address  
26 300 Aragon Ave  
Suite, Apt. #, etc. 300  
City & State Coral Gables Fla  
Zip 33134 Country USA

3. Date Incorporated or Qualified  
11-30-98  
4. FEI Number  
65-08610030  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required  
6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be  
Added to Fees  
8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent  
Lillian RASOY  
540 BILTMORE WAY  
CORAL GABLES, FLA 33134

10. Name and Address of New Registered Agent  
81 Name LILLIAN RASOY  
82 Street Address (P.O. Box Number is Not Acceptable)  
300 ARAGON AVE #300  
83 City  
84 Coral Gables FL 85 Zip Code 33134

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: Registered Agent signature required when reinstating)  
Lillian RasoY  
4-25-99  
DATE

12. OFFICERS AND DIRECTORS  
TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
1. Pres Sec DIR  
LILLIAN RASOY  
540 BILTMORE WAY  
CORAL GABLES FLA 33134  
TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
2. Vice Pres Treasurer  
Ruben Martinez  
540 BILTMORE WAY  
CORAL GABLES FLA 33134  
TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
3. ☐ DELETE  
TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
4. ☐ DELETE  
TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
5. ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP  
2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP  
3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP  
4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP  
5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP  
6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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.

SIGNATURE:  
Signature and typed or printed name of signing officer or director  
Lillian RasoY  
4-25-99 774-9144  
Date Daytime Phone #

CR2E034 (10/97)