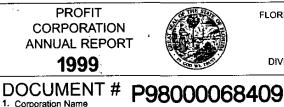
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name RAML, INC.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90069 027 ***150.00

Principal Place	e or business	Mailing Address							
2812 N.W. 35TH STREET		2812 N.W. 35TH STREET							
MIAMI FL 33142		MIAMI FL 33142	MIAMI FL 33142			DO NOT WRITE IN THIS SPACE			
							017102		
					3. Date Incorporated	or Qualifed			
					08/05/1998		,		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	083	At	plied For	
21		26			65-0871	しゃ フ	No	ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		-	E Cartifanto of Status	Desired	\$8.75	Additional	
22		27			5. Certifcate of Status	Desiled 🗆	Fee Re	equired	
City & State		City & State			6. Election Campaign Financing S5.00 May Be				
23		28			Trust Fund Contrib	· II		to Fees	
Zip	Country	Zip	Cor	untry		ves the current year Int.	angible		
ລ ີ້	25	29	30	•	Personal Property		Yes	□No	
24	9. Name and Address of Curre		30	Γ		s of New Registered			
	J. Name and Address of Curre	ent Kegiaturou Agunt		81 Name	D-1	Ck./			
EH IN	NGS, INC.			1	<u>MA PALIN</u>	2ry			
	N.W. 16TH STREET			82 Street Add	ress (P.O. Box Number is	Not Acceptable)			
FI.	LAUDERDALE FL 33311-4132			[83] Q3	12 NW S	5th St			
	•			84 City 1	, 0 10 0 		85 Zip	Code	
		Λ		1° H1	Am i	FL	3 3 3	6 pig	
11. Pursuant	to the provisions of Sections 607.05	502 apd 807.1508, Florida Statu	ites, the a	above-named corp	oration submits this stater	ment for the purpose of	changing its	registered	
office or r	egistered agent Air both in the Stati	e/oi/Finda Such change was	authorize	d by the corporati	on's board of directors. I h	ereby accept the appoi	ntment as re	gistered	
agent. I a	m familiar with and accept the oblig	ations of, Section 607.0505, FI	onga Sta	lutes.		4-7	119	5	
SIGNATURE	_ Cogc 110	w -	r. D. J.	d Agent signature require	d ubon reinstation)	DATE	<u> </u>	<u> </u>	
12.		gent and title if applicable. (NOT AND DIRECTORS	13.			SES TO OFFICERS AN	D DIRECTO	DRS IN 12	
		DELETE	1.1 T				Change	Addition	
TITLE	D DATE IN TOUCH IN THE							_	
NAME	PALINSKY, ILYA		I -	AME					
STREET ADDRESS	2812 N.W. 35TH STREET		1.3 S	TREET ADDRESS					
CITY-ST-ZIP	MIAMI FL 33142		1.4 0	CITY-ST-ZIP					
TITLE		☐ DELETE	2.1 T	TILE			☐ Change	☐ Addition	
NAME			2.2 N	IAME					
STREET ADDRESS			2.3 8	TREET ADDRESS					
CITY-ST-ZIP			2.44	CITY-ST-ZIP					
TITLE		☐ DELETE	3.1 T				Change	Addition	
				JAME			-		
NAME	1		- 1	ſ				1	
STREET ADDRESS				TREET ADDRESS				1	
CITY-ST-ZIP		[] priese		CITY-ST-ZIP			☐ Change	□ Addition	
TITLE		☐ DELETE	4.1 T	TILE			□ Grange	☐ Addition	
NAME			4, 21	NAME					
STREET ADDRESS			4.3 \$	STREET ADDRESS					
CITY-ST-ZIP			4.4 0	CITY-ST-ZIP					
TITLE		☐ DELETÉ		TITLE			Change	☐ Addition	
NAME				IAME					
			5,3 5	STREET ADDRESS					
STREET ADDRESS				CITY-ST-ZIP				İ	
CITY-ST-ZIP		□ DELETE	6.1 7				☐ Change	Addition	
TITLE									
NAME			J	IAME.				J	
STREET ADDRESS			6.3 5	STREET ADDRESS					
			640	HTV-ST-7IP					

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:

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