

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 15, 1999 8:00 am
Secretary of State

07-15-1999 90002 016 ***150.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000070926

1. Corporation Name

RAMIL EQUIPMENT INC.

Principal Place of Business

4692 N.W. 69 AVENUE
MIAMI FL 33166

Mailing Address

4692 N.W. 69 AVENUE
MIAMI FL 33166



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/13/1998

4. FEI Number

65-0858647

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 the current year
Intangible Personal Property. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

**RAMIL, IRIS I
9231 NW 121 TERRACE
HIALEAH GARDENS FL 33016**

10. Name and Address of New Registered Agent

81 Name

MARIO J. RAMIL

82 Street Address (P.O. Box Number is Not Acceptable)

9231 N.W. 121 TERRACE

83

84 City

Hialeah Gardens

FL

85 Zip Code

33018

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)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	RAMIL, IRIS I	
STREET ADDRESS	9231 NW 121 TERRACE	
CITY-ST-ZIP	HIALEAH GARDENS FL 33016	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	RAMIL, MARIO J	
STREET ADDRESS	9231 NW 121 TERRACE	
CITY-ST-ZIP	HIALEAH GARDENS FL 33016	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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

Date

Daytime Phone #

MARIO J. RAMIL 7-1-99 (305) 828 4275

CR2E034 (5/99)

Ramil Equipment Inc.
4692 NW 69 Ave.
Miami, Florida 33166
Tel. (305) 470-8517
Fax (305) 470-9929

P98000070926
588482-90002-16

July 1, 1999

Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Sir/Madame:

Please be advised that Ramil Equipment Inc. had already paid and sent out its annual report payment on April 5, 1999 for \$150.00. We received a Second Notice alert yesterday for non-payment from your department stating you had never received it and also charging us with a late fee of \$400.00.

I am forwarding your department a copy of the check that was made to the Department of State for the amount of \$150.00. I have called my bank to verify if the check had been presented for payment and they do not show this check has been paid.

At that moment, I called your department and spoke to one of your representative and I explained my situation. I was told to re-issue another check for the same amount of \$150.00 and to not include the late fee of \$400.00. She also stated that I should send this directly to your physical address for prompt processing.

I would appreciate your consideration on this matter.

Sincerely,



Iris I. Ramil
President

IIR/dd

Encls.