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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000100476 1. Corporation Name

RAMCO ETS, INC.

Principal Place of Business	Principal	Place	of	Business
-----------------------------	-----------	-------	----	-----------------

Mailing Address

17290 N.E. 19TH AVENUE NORTH MIAMI BEACH FL 33162-2210

17290 N.E. 19TH AVENUE NORTH MIAMI BEACH FL 33162-2210

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

05-11-1999 90022 018 ***150.00



Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required Fee Required City & State City & State City & State 28 Country Country Country Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required Fee Required \$5.00 May Be Added to Fees Country 8. This corporation owes the current year Intangible	WOMEN BEACHTE STOZZZIO			HOETEIO			DO NOT WRITE !	N THIS S	SPACE			
2. Mailing Address 2. Mail							3. Date Incorporated or Qualifed		•			
2. Mailing Address 2. Mail						12/03/1998				i		
Sulle, Apt. 4, etc. Sulle, Apt. 4, etc.	2. Principal P	al Place of Business 2a. Mailing Address					4. FEI Number			Appl	ied For	
Solitic Apt #, etc. Suite	21						65-081909	5		Not .	Applicable	
City & State								\$8.7	75 Ad	ditional		
City & State City & State City	22	27					5. Certificate of Status Desired		Fe	e Req	uired	
Trust Fund Contribution							6. Election Campaign Financing	1	\$5.	00 M	lay Be	
Zip Country Zip	23		28			ļ	Trust Fund Contribution		Ade	ted to	Fees	
9, Name and Address of Current Registered Agent ALMAN, MARTIN H 17290 N.E. 197H AVENUE NORTH MIAMI BEACH FL 33162-2210 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 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, and stantials with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and stantials with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent agent, agen		Country	Zip				8. This corporation owes the current	year Inta	ngible			
9. Name and Address of Current Registered Agent ALMAN, MARTIN H 17290 N.E. 19TH AVENUE NORTH MIAMI BEACH FL 33162-2210 44 City FL 45 City FL 46 City FL 47 City FL 48 ST 48 City FL 48 City FL 48 ST 48 City FL 48 City FL 48 ST 48 City FL 48	24	25	29 30	5			Personal Property Tax.		☐ Yes	Æ	1 40	
ALMAN, MARTIN H 17290 N.E. 19Th AVENUE NORTH MIAMI BEACH FL 33162-2210 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florido Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 67 0505, Florido Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 67 0505, Florido Statutes SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PSD. DELETE 11.TITLE PSD. DELETE 11.TITLE PSD. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PSD. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. Construction of migratery agent and the fragolicable. 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 16. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 20. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 21. TITLE D. Change Addition 19. A		9. Name and Address of Current	Registered Agent				10. Name and Address of New Regi	stered A	gent			
17290 N.E. 19TH AVENUE NORTH MIAMI BEACH FL 33162-2210 182 183 484 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the aboven-named corporation submits this statement for the purpose of changing its 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, am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. NAME 12. NAME 12. NAME 12. NAME 12. NAME 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. City St. 29 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 16. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 17. NORTH MIAMI BEACH FL 33162-2210 11. City St. 29 11. City St. 29 11. City St. 29 11. Title 10. Change 10. Addition 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. NAME 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. SIRECT ADDRESS 17. ST. 29 11. Title 10. Change 11. Title 12. NAME 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. City St. 29 15. Title 10. Change 14. City St. 29 16. Change 16. Change 17. ST. 29 1	•	,		81	Name	•						
NORTH MIAMI BEACH FL 33162-2210 83 44 City FL 85 Zip Code 11. Pursuent to the provisions of Sentions 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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, 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 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 agent agent accept the appointment as registered agent age	alma	in, martin h		92	OO Ot at Address (D.O. Bou Marsher in Mich Annual Life)							
### City ### Delete ### Delet	17290) N.E. 19TH AVENUE		92	Sueer	. Addres	SS (P.O. BOX Number is Not Acceptable	,				
T. 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, 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 and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE PSD D DELETE 11.TITLE DIAME SILVA, RAMSES 17290 N.E. 19TH AVENUE OTV-ST-ZP NORTH MIAMI BEACH FL 33162-2210 14 CTV-ST-ZP WHITSON, RICKI STREET ADDRESS 17290 N.E. 19TH AVENUE OTW-ST-ZP NORTH MIAMI BEACH FL 33162-2210 12 L ACTV-ST-ZP TITLE DELETE 2. TITLE DELETE 3.TITLE DELETE 3.TITLE DELETE 3.TITLE DELETE 4.DORESS CTV-ST-ZP TITLE DELETE 4.TITLE DELETE 4.TITLE Change Addition Addi	NORT	TH MIAMI BEACH FL 33162-2210		83								
T. 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, 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 and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE PSD D DELETE 11.TITLE DIAME SILVA, RAMSES 17290 N.E. 19TH AVENUE OTV-ST-ZP NORTH MIAMI BEACH FL 33162-2210 14 CTV-ST-ZP WHITSON, RICKI STREET ADDRESS 17290 N.E. 19TH AVENUE OTW-ST-ZP NORTH MIAMI BEACH FL 33162-2210 12 L ACTV-ST-ZP TITLE DELETE 2. TITLE DELETE 3.TITLE DELETE 3.TITLE DELETE 3.TITLE DELETE 4.DORESS CTV-ST-ZP TITLE DELETE 4.TITLE DELETE 4.TITLE Change Addition Addi												
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I nereby accept the appointment as registered agent and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE 12				84	City			Fi	85	Zip Co	de	
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I nereby accept the appointment as registered agent and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE 12	11 Dureuant	to the provisions of Sections 607 0502	and 607 1508 Florida Statutes	the above	 e-named	1 comor	ation submits this statement for the pur	pose of c	hangin	a its re	gistered	
SIGNATURE Signature, hipped or printed name of registared agent and title of applicable. (NOTE Registered Agent algoritation required when reinstating) DATE	office or r	egistered agent, or both, in the State o	f Florida. Such change was auth	iorized by	the corp	oration'	's board of directors. I hereby accept th	e appoint	tment a	is regi	stered	
Comparing the printed rame of registational agent and title of applicable. (NOTE: Registation Required when reinstating) IDATE	agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Florida	a Statutes								
12.	SIGNATURE	C)	and this of applicable (NOTE: Pe	mistered Ane	at eignature	required u	when reinstatura)	DATE			— ˈ	
TITLE	12				it organizate	Toquireo V			DIRE	CTOR	S IN 12	
NAME SILVA, RAMSES 12 MAME 13 STREET ADDRESS 17290 N.E. 19TH AVENUE 13 STREET ADDRESS 14 CITY-ST-ZIP						T						
17290 N.E. 19TH AVENUE		l		1.2 NAME								
CITY-ST-ZP		ATRACO N.E. AOTH ANGENIE			TANNESS							
TITLE						Ί						
NAME STREET ADDRESS					1-217	1			□ Cha	nge	Addition	
17290 N.E. 19TH AVENUE 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP) · 								•		
NORTH MIAMI BEACH FL 33162-2210 2.4 CITY-ST-ZIP		•			* *DDDCCC	.						
TITLE		NORTH ANALY PERON EL COMO COMO				'						
NAME STREET ADDRESS CITY- ST-ZIP TITLE DELETE 1.2 NAME 3.2 NAME 3.3 STREET ADDRESS CITY- ST-ZIP TITLE 1.2 NAME 4.2 NAME 4.2 NAME 5TREET ADDRESS CITY- ST-ZIP TITLE 1.3 STREET ADDRESS CITY- ST-ZIP TITLE 1.4 CITY- ST-ZIP TITLE 1.5 TITLE 1.					51-ZIP	+			□ Cha	nne	☐ Addition	
STREET ADDRESS			- Decere									
STREET ADDRESS STRE											ļ	
TITLE DELETE 4.1 TITLE Change Addition NAME 4.2 NAME	STREET ADDRESS					3						
A. 2 NAME			C3 DCI ETE		ST-ZIP	+				nge	☐ Addition	
STREET ADDRESS			C DECESE							ingo		
CITY-ST-ZIP	NAME		j									
TITLE DELETE 5.1 TITLE Change Addition NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY- ST-ZIP 5.4 CITY- ST-ZIP TITLE DELETE 6.1 TITLE COMME COMME	STREET ADDRESS					3						
NAME					T-ZIP	1			C105-		Addition	
5.3 STREET ADDRESS	TITLE	·	. LI DELETE							nge	CT Addition	
54 CITY-ST-ZIP	NAME					Ì						
TITLE DELETE 6.1 TITLE Change Addition	STREET ADDRESS		•			3						
THE COUNTY	CTTY-ST-ZIP				T-ZIP	<u> </u>						
NAME 62 NAME	TITLE		☐ DELETE			1] Cha	nge	Addition	
	NAME					1					İ	
STREET ADDRESS 6.3 STREET ADDRESS	STREET ADDRESS			6.3 STREE	T ADDRESS	3					Ì	
CITY-ST-ZIP 6.4 CITY-ST-ZIP	CITY-ST-ZIP			6.4 CITY-S	T-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 of 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: