PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

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

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1. Corporation Name # P98000105608	
RALMORAL ENTERPRISES INC.	

Mailing Address Principal Place of Business 175 FONTAINBLEAU BLVD. 175 FONTAINBLEAU BLVD. SUITE 1-A-4 SUITE 1-A-4 DO NOT WRITE IN THIS SPACE MIAMI FL 33172 MIAMI FL 33172 3. Date Incorporated or Qualifed 12/18/1998 Applied For 2. Principal Place of Business 2a. Mailing Address Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc.  $\Box$ 5. Certifcate of Status Desired Fee Required --27 22 Election Campaign Financing \$5.00 May Be City & State City & State Trust Fund Contribution Added to Fees 23 28 8. This corporation owes the current year Intangible Country Country Zio ΠNο ☐ Yes 30 Personal Property Tax. 29 25 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent RAMOS, JOSE Street Address (P.O. Box Number is Not Acceptable) 175 FONTAINBLEAU BLVD. SUITE 1-A-4 83 MIAMI FL 33172 Zip Code 85 84 City 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 of printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13, 12. Change notribbA 🔲 DELETE 1.1 TITLE PSD TITLE **CR2E034** 1.2 NAME RAMOS, JOSE NAME 175 FONTAINBLEAU BLVD. 1.3 STREET ADDRESS STREET ADDRES MIAMI FL 33172 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change DELETE 2.1 TITLE TITLE 22 NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-20P CITY-ST-ZIP Addition ☐ Change DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-2IP CITY-ST-ZP Addition DELETE ☐ Change 4.1 TM E TIME 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 44 CITY- ST-ZP CITY-ST-ZIP ☐ Addition Change DELETE 5 STITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition 6.1 TITLE ☐ O€LETE TITLE 6.2 NAME NAME 8.3 STREET ADDRESS STREET ADDRESS 6.4 CMY-ST-ZIP 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 an an attachment with an address, with all other like empowered.

SIGNATURE:

MANURE REQUIRED

04/26/99

(301) 4854943

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