

**FILED**  
**Jul 15, 2003 8:00 am**  
**Secretary of State**

05-27-2003 90172 039 \*\*\*158.75

**FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000037253  
 1. Entity Name  
 RAMA INTERNATIONAL CORP.



**DO NOT WRITE IN THIS SPACE**

**55051352**

2. Principal Place of Business 777 BRICKELL AVENUE		3. Mailing Address		4. FEI Number 65-0938307		Applied For
Suite, Apt. #, etc. SUITE: 1010		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		Not Applicable
City & State MIAMI, FL		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
Zip 33131	Country USA	Zip	Country			

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **FABRE, FRANK R**

Street Address (P.O. Box Number is Not Acceptable)  
**717 PONCE DE LEON BLVD. STE. 234**

City **CORAL GABLES** FL Zip Code **33134**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and UBR applicant. NOTE: Registered Agent signature required when collaborating.

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10: OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(P) FABRE, FRANK R 717 PONCE DE LEON BLVD, STE 234 CORAL GABLES, FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(V) HENRIQUEZ, ROXANA 777 BRICKELL AVE, STE 1010 MIAMI, FL 33131	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(SD) HENRIQUEZ, RAUL 777 BRICKELL AVE, STE 1010 MIAMI, FL 33131	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
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12. 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 report or supplemental 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Raul Henriquez Date: 6/16/03 982-4602  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (1/2/02)