

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED
AND
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95 FEB 29 AM 9:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S04774** (3)
1. Corporation Name
RAMONA DEVELOPMENT CORP.

Principal Place of Business 9130 SO. DADELAND BLVD. SUITE 1619 MIAMI FL 33156	Mailing Address 9130 SO. DADELAND BLVD. SUITE 1619 MIAMI FL 33156
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2. Principal Place of Business 21 192 Minorca Avenue Suite, Apt. #, etc. City & State 23 Coral Gables, Florida Zip Country 24 33134 Dade	2a. Mailing Address 26 192 Minorca Avenue Suite, Apt. #, etc. City & State 28 Coral Gables, Florida Zip Country 29 33134 Dade
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3. Date incorporated or Qualified 10/09/1990	3a. Date of Last Report 05/01/1995
4. FEI Number 65-0368160	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**LEVEY, BURTON R.
9130 S DADELAND BLVD
SUITE 1619
MIAMI FL 33156**

10. Name and Address of New Registered Agent
81 Name **Robert. Zacca**
82 Street Address (P.O. Box Number is Not Acceptable)
83 **192 Minorca Avenue**
84 City **Coral Gables** FL 85 Zip Code **33134**

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  **Robert Zacca** January 29, 1996
Signature typed or printed below registered agent or not applicable (not applicable) Registered Agent signature required when reinstating DATE

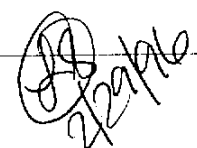
12. OFFICERS AND DIRECTORS

TITLE	CTD <input checked="" type="checkbox"/> DELETE
NAME	COULSON, RAMONA L
STREET ADDRESS	9130 SO. DADELAND BLVD. #1619
CITY-ST-ZIP	MIAMI FL 33156
TITLE	PS <input checked="" type="checkbox"/> DELETE
NAME	STRICKLAND, DALE C
STREET ADDRESS	9130 SO. DADELAND BLVD. #1619
CITY-ST-ZIP	MIAMI FL 33156
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	
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 checked="" type="checkbox"/> Addition
1.2 NAME	D/P/S/T, Nobuo Sawada
1.3 STREET ADDRESS	192 Minorca Avenue
1.4 CITY-ST-ZIP	Coral Gables, Florida 33134 <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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*****8.75 *****8.75
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-03/04/96-01003-031
****200.00 ****200.00



14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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
Nobuo Sawada

FEBRUARY 1, 1996
(305) 444-6161
(310) 471-3356

CR2E034 (12/95)