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CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 24 PM 4:24

DOCUMENT # **S52530** **(0)**

1. Corporation Name
RAMCIN AMERICA, INC.

Principal Place of Business	Mailing Address
11451 W. OAKLAND PARK BLVD. SUNRISE FL 33323	11451 W. OAKLAND PARK BLVD. SUNRISE FL 33323 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/15/1991	3a. Date of Last Report: 02/24/1994
4. FEI Number: 65-0260957	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. Does corporation have authority to engage in business in Florida? Florida Statutes [ ] Yes. [X] No.	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

SHAKOOR RAMZAN
11451 W. OAKLAND PARK BLVD.
SUNRISE FL 33323

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits the 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
(If changing Registered Agent, Registered Agent must sign) (If changing or adding additional Registered Agent, new Registered Agent must sign)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	SHAKOOR, RAMZAN	52 NAME	
STREET ADDRESS	11451 W OAKLAND PK BLVD.	53 STREET ADDRESS	
CITY ST ZIP	SUNRISE FL	54 CITY ST ZIP	
TITLE	V	55 TITLE	☐ Change ☐ Addition
NAME	SHAKOOR, AFTAB	56 NAME	
STREET ADDRESS	11451 W OAKLAND PK BLVD	57 STREET ADDRESS	
CITY ST ZIP	SUNRISE FL	58 CITY ST ZIP	
TITLE		59 TITLE	☐ Change ☐ Addition
NAME		60 NAME	
STREET ADDRESS		61 STREET ADDRESS	
CITY ST ZIP		62 CITY ST ZIP	
TITLE		63 TITLE	☐ Change ☐ Addition
NAME		64 NAME	
STREET ADDRESS		65 STREET ADDRESS	
CITY ST ZIP		66 CITY ST ZIP	
TITLE		67 TITLE	☐ Change ☐ Addition
NAME		68 NAME	
STREET ADDRESS		69 STREET ADDRESS	
CITY ST ZIP		70 CITY ST ZIP	
TITLE		71 TITLE	☐ Change ☐ Addition
NAME		72 NAME	
STREET ADDRESS		73 STREET ADDRESS	
CITY ST ZIP		74 CITY ST ZIP	

14. I/We hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions 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 above, or on an attachment with an address.

SIGNATURE: [signature] 2/20/95 (305) 749-2005
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR DIRECTOR
RAMZAN SHAKOOR

0931130 CP