

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

FILED

May 11 1998 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # S85817 (2)**  
 1. Corporation Name  
**RAM IMPORT & EXPORT, INC.**



Principal Place of Business <b>10175 COLLINS AVE.          SUITE 207          MIAMI FL 33154          US</b>	Mailing Address <b>10175 COLLINS AVE.          SUITE 207          MIAMI FL 33154          US</b>
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DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b> 21 <b>8877 Collins Ave</b> Suite, Apt. #, etc. 22 <b>Suite 904</b> City & State 23 <b>Surfside</b> Zip 24 <b>33154</b> Country 25 <b>U.S.A.</b>		<b>2a. Mailing Address</b> 26 <b>8877 Collins Ave</b> Suite, Apt. #, etc. 27 <b>Apt. 904</b> City & State 28 <b>Surfside</b> Zip 29 <b>33154</b> Country 30 <b>U.S.A.</b>		<b>3. Date Incorporated or Qualified</b> <b>10/08/1991</b> <b>4. FEI Number</b> <b>65-0291002</b> Applied For <input type="checkbox"/> Not Applicable <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> <b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> <b>8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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<b>9. Name and Address of Current Registered Agent</b> <b>LUCIOW, RUBEN</b> <b>8877 COLLINS AVE</b> <b>#904</b> <b>SURFSIDE FL 33154</b>	<b>10. Name and Address of New Registered Agent</b> 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b> NAME <b>LUCIOW, RUBEN</b> STREET ADDRESS <b>10175 COLLINS AVE #207</b> CITY-ST-ZIP <b>BAL HARBOUR FL</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>Change</b> <input checked="" type="checkbox"/> <input type="checkbox"/> Addition 1.2 NAME <b>8877 Collins Ave Apt. 904</b> 1.3 STREET ADDRESS <b>SURFSIDE, FL</b> 1.4 CITY-ST-ZIP <b>33154</b>	
TITLE <b>D</b> NAME <b>LUCIOW, MIRIAM</b> STREET ADDRESS <b>10175 COLLINS AVE #207</b> CITY-ST-ZIP <b>BAL HARBOUR FL</b>	<input type="checkbox"/> DELETE	2.1 TITLE <b>Change</b> <input checked="" type="checkbox"/> <input type="checkbox"/> Addition 2.2 NAME <b>8877 Collins Ave Apt. 904</b> 2.3 STREET ADDRESS <b>SURFSIDE, FL</b> 2.4 CITY-ST-ZIP <b>33154</b>	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE  4.2 NAME  4.3 STREET ADDRESS  4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE  5.2 NAME  5.3 STREET ADDRESS  5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE  6.2 NAME  6.3 STREET ADDRESS  6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 on an attachment with an address.

SIGNATURE: \_\_\_\_\_ **Ruben Lucio** President

CR2E034 (10/97)