PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S85817

Original Disco of Business

RAM IMPORT & EXPORT, INC.

Fillicipal Flace	B OI BUSINESS	IVICII	ing Address				1						
8877 COLLINS AVE			8877 COLLINS AVE										
SUITE 904 SURFSIDE FL 33154			APT 904				DO NOT WRITE IN THIS SPACE						
US			SURFSIDE FL 33154 US				3. Date Incorporated or Qualified						
00								10/08/1991	a o, q ooo	-			
2 Principal D	lace of Rusiness	22	Mailing Address					FEI Number			—т	Apr	lied For
2. Principal Place of Business			26				1	65-0291002			- F		Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.					00 029 1002			\$8		dditional
22		<u> </u>	27				5.	Certifcate of Stat	tus Desired			ee Rec	
City & State			City & State				Election Campai	an Einancia		¢.	00	May Be	
⊢ '		28					Trust Fund Conti	_	- 🗆		ided to		
Zip Country			Zip Country				This corporation		rrent vear li				
24				30				Personal Propert		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	☐ Yes		□No
24	9. Name and Address of Curren		ered Agent	1301	İ			Name and Addr	<u> </u>	Registere	Agent		
-	3. Hallo alla 1.2.2.3				81	Name							
LUCI	IOW, RUBEN												
8877 COLLINS AVE			-			Street Add	dress (P.	O. Box Number	is Not Accep	otabl e)			
#904	• - •			-	83								
	FSIDE FL 33154				•								
				•	84	City				F	85	Zip C	ode
11. Pursuant	to the provisions of Sections 607.050	2 and 60	7.1508, Florida Statu	tes, the at	oove	-named cor	rporation	submits this stat	ement for th	ne purpose o	of changi	ng its i	egistered
office or re	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida	a. Such change was a	uthorized	by t	the corporat	tion's boa	ard of directors.	hereby acc	ept the app	ointment	as reg	istered
SIGNATURE									_				
Signature, typed or printed name of registered agent and title if applicable. (NOTE:				: Registered	egistered Agent signature require			einstating)		DATE			
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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 on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

FILED May 11, 1999 8:00 am Secretary of State

05-11-1999 90048 027 ***150.00