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

STREET ADDRESS

CITY-ST-ZIP

FILED PROFIT Jan 15 1998 8:00am ELORIDA DEPARTMENT DE STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # V21631 RAMI ASSOCIATES, INC. Mailing Address Principal Place of Business 4921 NW B5TH TERRACE 4921 NW 85TH TERRACE LAUDERHILL FL 33351 LAUDERHILL FL 33351 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/17/1992 2a. Mailing Appress 4. FEI Number 2. Principal Place of Business Applied For 65-0318724 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees 23 Trust Fund Contribution 28 Country 8. This corporation owes or has paid the current year Intangible Zip Personal Property 1ax due June 30. 24 25 30 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name GLICK, RICHARD 7737 NORTH UNIVERSITY DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) STE. 104 83 TAMARAC FL 33321 84 85 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 whee reinstating) Signature, typod or proted name of registered agent and the 4 applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE 1.1 3111.6 TITLE GLICK, RICHARD I 1.2 NAME NAME 4921 NW 85TH TERRACE STREET ADDRESS 1.3 STREET ADDRESS LAUDERHILL FL CITY-ST-ZIP 1.4 CHY+S1-7(P **VSD** DELETE Change □ Addit on 2.1 TILLE TITLE GLICK, ANNIE M NAME 4921 NW 85TH TERRACE 2.3 STREET ADDRESS STREET ADDRESS LAUDERHILL FL CITY-ST-ZIP 2 4 CITY - \$1 - ZIP DELFTE Change Addit on 3.1 7006 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY - ST- ZIP CITY-ST-ZIP DITTE ☐ Change Addition 4.1 TITLE TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 C(TY - \$1 - Z(P Change Addition DILETE 6.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 6.4 CHY- ST- ZIP CITY-ST-ZIP Change DELETE G 1 TILLE Addition TITLE 6.2 NAME NAME

14. Thereby 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 of the following or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in nt with an address 15/98

6.3 STREET ADDRESS