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

OPPNATURE:

May 05 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT #** V26871 (6)RAMI & RIAD, INC. Principal Place of Business Mailing Address 212 GREENBRIAR DR. 1710 NE 45TH STREET WEST PALM BEACH FL 33406 PALM SPRINGS FL 33461 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/07/1992 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 27915. 65-0370881 Not Applicable Suite Apl. #, etc. \$8.75 Additional 5. Certificate of Status Desired 又 Fee Required 22 City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name EID. RAMI 212 GREENBRIER DRIVE 82 PALM SPRINGS FL 33461 83 Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the ab office or registered agent, or both, in the State of Florida. Such change was authorize agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida State SIGNATURE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. DELETE Change TITLE EID. RAMI NAME 1.2 NAME 212 GREENBRIER DRIVE STREET ADDRESS 1.3 STREET ADDRESS PALM SPRINGS FL 33461 CITY-S1-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE **EID. RANDA** NAME 2.2 NAME 212 GREENBRIER DRIVE STREET ADDRESS 2.3 STREET ADDRESS PALM SPRINGS FL 33461 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 31 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADORESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change ☐ Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4 3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition TITE F 5 1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition TITLE 6 1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 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 or the receiver or this tee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changerd, on an attachment with an address

FILED