

FILE NOW: FILING FEE AFTER MAY 1 IS \$ 150.00

FILED
May 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V71107 (9)
 1. Corporation Name
RAMALHOSA, INC.

Principal Place of Business Mailing Address

2. Principal Place of Business	2a. Mailing Address
21 2500 Hollywood, Blvd. Suite, Apt. #, etc #212	25 Hollywood, Blvd. Suite, Apt. #, etc #212
22 City & State Hollywood, Fl.	27 City & State Hollywood, Fl.
24 Zip 33020	29 Zip 33020
25 Country Broward	30 Country Broward

3. Date Incorporated or Qualified 10/14/1992	3a. Date of Last Report 01/21/1996
4. FEI Number 65-0362883	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name	ROSS H. MANELLA ESQ.
82 Street Address (P.O. Box Number is Not Acceptable)	2500 Hollywood, Blvd.
83	#212
84 City	Hollywood, FL
85 Zip Code	33020

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 ROSS H. MANELLA 4/16/1997
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) (DATE)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	DASILVA, PETER WILLIAM	
STREET ADDRESS	111 ELIZABETH ST.	
CITY- ST- ZIP	SYDNEY, NSW	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	DASILVA, JUDITH ALEXINA	
STREET ADDRESS	111 ELIZABETH ST.	
CITY- ST- ZIP	SYDNEY, NSW	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	DASILVA, PETER WILLIAM	
STREET ADDRESS	111 ELIZABETH ST.	
CITY- ST- ZIP	SYDNEY, NSW	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	158 Hopetown Ave. Vaucluse
14 CITY- ST- ZIP	New South Wales Australia 2030
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	158 Hopetown Ave. Vaucluse
24 CITY- ST- ZIP	New South Wales Australia 2030
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	158 Hopetown Ave. Vaucluse
34 CITY- ST- ZIP	New South Wales Australia 2030
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY- ST- ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY- ST- ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY- ST- ZIP	

14. I do 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: [Signature] 4/16/1997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)