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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90201 050 ***150.00

DOCUMENT # V71107 1. Corporation Name

RAMALHOSA, INC.

Principal Place of Business	Mailing Address
2500 Hollywood Boulevard. Ste. 212 Hollywood Fl 33020	2500 HOLLYWOOD BOULEVARD. STE. 212 HOLLYWOOD FL 33020



	OOD BOULEVAND, SIE, 212 EL 99090	HOLLYWOOD FL 33020	ILEVANU. 51	IE. 21	12			
HOLLYWOOD FL 33020 HOLLYWOOD FL 33020				DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualifed		
						10/14/1992		
2. Principal P	Place of Business	2a. Mailing Address				4. FEI Number	Α	pplied For
7		26				65-0362883		lot Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.				- 0 1/4 1 (Standard F)	\$8.75	Additional
7		27				5. Certifcate of Status Desired	Fee F	tequired
City & Sta	te	City & State				6. Election Campaign Financing	\$5.00	May Be
1		28				Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Cou	intry		8. This corporation owes the current ye	ear Intangible	1/
-!	25	29	30			Personal Property Tax.	☐ Yes	No
·	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Regist	ered Agent	
				81	Name			
	SS MANELLA, ESQ.	****		82	Street Add	ress (P.O. Box Number is Not Acceptable)		
	O HOLLYWOOD BOULEVARD, S	IE. 212		32	GILLET MOOI	17.0. DOX HUMBON IS HOL MOCOPLEDIC)		
HOL	LLYWOOD FL 33020			83				
				84	City		FL 85 Zip	Code
(4 Duranca - 4	to the provisions of Costions CO7 OC	12 and 607 1508 Florida 5to	tutes the a	hove	named cor	poration submits this statement for the purpo	se of changing if	s registered
office or	registered agent, or both, in the State	of Florida. Such change was	s authorized	by t	the corporati	ion's board of directors. I hereby accept the	appointment as r	egistered
agent. I a	am familiar with, and accept the obliga-	ations of, Section 607.0505, I	Florida State	utes.				
SIGNATURE								
	Signature, typed or printed name of registered age			Agent	signature require	, , , , , , , , , , , , , , , , , , , ,	TE DIRECT	000 0140
12,		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE		
HLE	PD	☐ DELĒTE	1.1 TV	TLE	1		Change	☐ Addition
-	DASILVA, PETER WILLIAM		1.2 N	AME	{			
····_ ALIDRESS			1.3 ST	TREET	ADORESS			
ST-ZIP	HONOLULU HI 96814-3726		1.4 CI	TY-ST	- ZIP			
	VD	☐ DELETE	2.1 Tr	TLE			Change	☐ Addition
	DASILVA, JUDITH ALEXINA		2.2 N	AME				
I ADDRESS	TOO MALIENA CT. MOOO		2.3 \$1	TREET	ADDRESS			
	HONOLULU HI 96814-3226		2.40	my-st	T-71P		•	
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	DASILVA, PETER WILLIAM		3.2 N		-		_ •	_
	TOO MAINTHA OT HOOG				*BDDCCC			
··/ ADDRESS					ADDRESS			
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_			5.2 N	AME				
r aduress	5		5.3 \$	TREET	ADDRESS			
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21-ZIF	<u> </u>	DELETE	6.1 TI				☐ Change	Addition
			6.2 N	AME	}			
-					ADDRESS			
I ADDRESS			· ·	ITY.ST				
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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 of 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.

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR