

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

FILED

Feb 06 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 # **299304** (6)

1. Corporation Name
ROJAS-AGUIRRE CORPORATION

Principal Place of Business

**3794 E 4TH AVE.
HIALEAH FL 33013-2702**

Mailing Address

**3794 E 4TH AVE.
HIALEAH FL 33013-2702**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/01/1965		3a. Date of Last Report 03/26/1996	
21		26		4. FEI Number 59-1110355		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No			
23		28					
Zip		Country		29		30	
24		25		29		30	

9. Name and Address of Current Registered Agent

**EMIGDIO AGUIRRE
3794 E 4 AVE
HIALEAH FL 33012**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

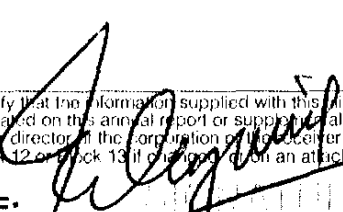
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☒ Change ☐ Addition
NAME	AGUIRRE, EMIGDIO J	1.2 NAME	
STREET ADDRESS	4675 W 18 CT, APT. 1005	1.3 STREET ADDRESS	3794 E. 4 AVE.
CITY-ST-ZIP	HIALEAH FL	1.4 CITY-ST-ZIP	HIALEAH FL 33013
TITLE	DT	2.1 TITLE	☒ Change ☐ Addition
NAME	AGUIRRE, NILDA	2.2 NAME	
STREET ADDRESS	4675 W 18TH CT APT 1005-	2.3 STREET ADDRESS	3794 E 4 AVE.
CITY-ST-ZIP	HIALEAH FL	2.4 CITY-ST-ZIP	HIALEAH FL 33013
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 included 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 a 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 changing, on an attachment with an address.

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EMIGDIO AGUIRRE

1/9/97

Date

(605) 822-6131

Daytime Phone

0118734

CR2E034 (9/96)