

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**APPROVED  
AND  
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96 MAY -1 PM 1:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT 1996  
  
 FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 663202 (0)  
 1. Corporation Name  
**ROD INVESTMENT CORPORATION**

Principal Place of Business Mailing Address  
**1036 S.W. 1 ST. MIAMI FL 33130** **1036 S.W. 1 ST. MIAMI FL 33130**

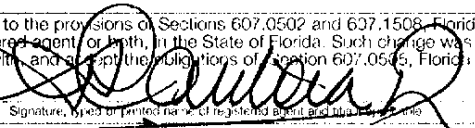
2. Principal Place of Business 2a. Mailing Address  
**21 2300 CORAL WAY** **2a 2300 CORAL WAY**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
**22** **27**  
 City & State City & State  
**23 MIAMI FLORIDA,** **2a MIAMI FLORIDA,**  
 Zip Country Zip Country  
**24 33145 25 US.** **29 33145 30 US.**

3. Date Incorporated or Qualified **12/19/1979** 3a. Date of Last Report **05/01/1995**  
 4. FEI Number **59-1977393** Applied For Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
 6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**FLORIDA ANNUAL REPORT SERVICES INC**  
**1036 S.W. 1 ST.**  
**MIAMI FL 33130**

10. Name and Address of New Registered Agent  
**81 Name** **FLORIDA ANNUAL REPORT SERVICES, INC.**  
**82 Street Address (P.O. Box Number is Not Acceptable)** **2300 CORAL WAY SUITE # 200**  
**83**  
**84 City** **MIAMI** **85 Zip Code** **FL 33145**

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 agent 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  **AMADA CANTERA LOPEZ, PRES** DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and date of change (NOTE - Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	RODRIGUEZ, HORTENSIA	
STREET ADDRESS	738 NW 72ND STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	RODRIGUEZ, CLAUDIO	
STREET ADDRESS	738 NW 72ND STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	RODRIGUEZ, GILDA	
STREET ADDRESS	738 NW 72ND STREET	
CITY-ST-ZIP	MIAMI FL	
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

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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~~05/08/96 01064 033~~  
 \*\*\*\*200.00 \*\*\*\*200.00

DA 1513

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 as an attachment with an address.

SIGNATURE:  DATE: **4/29/96**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (12/95)