

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

**FILED**  
**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90205 036 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # M28154**

1. Corporation Name  
**ROTVIC, CORPORATION**



Principal Place of Business C/O VICTOR M. ABREU 3434 N.W. 27TH AVE. MIAMI FL 33142	Mailing Address C/O VICTOR M. ABREU 3434 N.W. 27TH AVE. MIAMI FL 33142
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>490 W 35 PL.</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>490 W 35 PL.</b> Suite, Apt. #, etc.
22 City & State 23 <b>MIAMI FL</b>	27 City & State 28 <b>MIAMI FL</b>
24 Zip <b>33012</b> 25 Country <b>MIAMI-DASH</b>	29 Zip <b>33012</b> 30 Country <b>MIAMI-DASH</b>

3. Date Incorporated or Qualified <b>02/28/1986</b>	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number <b>59-2687085</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**ABREW, ROBERTO**  
**3434 N.W. 27TH AVE.**  
**MIAMI FL 33142**

10. Name and Address of New Registered Agent

81 Name <b>OFELIA ABREU</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>490 W 35 PL.</b>
83
84 City <b>MIAMI</b>
85 Zip Code <b>33012</b>

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: *Ofelia Abreu* DATE: **4/26/99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE <b>P</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ABREW, ROBERTO</b>		1.2 NAME
STREET ADDRESS <b>4950 SHERIDAN ST., APT 153</b>		1.3 STREET ADDRESS
CITY-ST-ZIP <b>PEMBROKE PINES FL</b>		1.4 CITY-ST-ZIP
TITLE <b>ST</b>	<input type="checkbox"/> DELETE	2.1 TITLE <b>PRESIDENT VP-5-T</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ABREU, OFELIA</b>		2.2 NAME <b>OFELIA ABREU</b>
STREET ADDRESS <b>490 W 35 PLACE</b>		2.3 STREET ADDRESS <b>490 W 35 PL.</b>
CITY-ST-ZIP <b>MIAMI FL</b>		2.4 CITY-ST-ZIP <b>MIAMI FL 33012</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME
STREET ADDRESS		3.3 STREET ADDRESS
CITY-ST-ZIP		3.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS
CITY-ST-ZIP		4.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE: *Ofelia Abreu* DATE: **4/26/99** DAYTIME PHONE #

CR2E034 (11/98)