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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90037 013 \*\*\*150.00

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## **DOCUMENT#** M44411

SISTEMA ESPECIAL ROCHA, INC.

Principal Pla	ce of Business	Mailing Address				filling if tid bonet namet nepen i		() <b>BIB</b> II <b>B</b> 181)	#1211 <b>2</b> 1211 1801
C/O HELIA FODRIGUEZ ROCHA C/O HELIA RODRIGUEZ RO			ROCHA						
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<b>⊢</b> ¬, '	Place of Business	2a. Mailing Address						- <del></del>	ot Applicable
21		26			29-2	<u>753834</u>			Acditional
Suite, Ar	t. #, etc.	Suite, Apt. #, etc.			5. Certifo	ete of Status Desired			equired
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Zip	Country	<b>⊢</b>	r	y		o poration owes the cur		ngible ∏Yes	[]No
24	25	29	_ 30			and Address of New			
ļ	9. Name and Address of Current	Registered Agent	- 8	1 Name	TO: INAME	and Address of New	rtogistore i A	gont	_ <del>-</del>
DC.	ACUA HELIA DANDIGUEZ		ľ	1121119		_			
ROCHA, HELIA RODRIGUEZ 2760 S.W. 14 STREET			8:	2 Street /	t Ad Iress (P.O. Box Number is Not Acceptable)				
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i Mu	AMI FL 33135		8	3					
}			8	4 City				85 Zip	Code
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11. Pursua	nt to the provisions of Sections 607.0502	and 607.1508, Florida State	u es, the abo	ve-named	corporation subm	its this statement for the	purpose of cl	hanging its	s registered
office or	registered agent, or both, in the State of am familiar with, and accept the obligation	r Florida. Such change was ons of, Section 607.0505, F	autnorized b kirida Statute	y ine corpo :s.	oration's board or	chectors, i hereby acce	br the appoint	inem as re	sgistored
, -									
SIGNATURE									
SIGNATOR	Signature, typed or printed naine of registered agent	and title if applicable (NO	Ti:: Registered Ag	ent signature re	equired when reinstating		DATE		
12.	Signature, typed or printed nai ve of registered agent OFFICERS AND		Ti:: Registered Ag	ent signature re		ONS/CHANGES TO OF		DIRECTO	
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14. I herety certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0"(3)(i), Florida Statutes. I further pertify 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 ham 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 attaching my laddress, with all other like empowered.

6 3 STREET ADDRESS

6.4 CMY-ST-ZIP

SIGNATURE: X

STREET ADDRESS

CITY-ST-ZIP

CR2E034 (11/98)