

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

**CORPORATION  
ANNUAL REPORT  
1995**



**FLORIDA DEPARTMENT OF STATE  
Benita E. Murrain  
Secretary of State  
DIVISION OF CORPORATIONS**

**APPROVED  
AND  
FILED**

**95 APR 21 PM 1:55**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DOCUMENT # M76430**

**(1)**

1. Corporation Name

**ROCKSTONE CORPORATION, INC.**

Principal Place of Business

**2800 SW 3RD AVE  
SUITE 800  
MIAMI FL 33129  
US**

Mailing Address

**P O BOX 450804  
MIAMI FL 33245-0804  
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

**04/13/1988**

3a. Date of Last Report

**05/01/1994**

2. Principal Place of Business

**21**

2a. Mailing Address

**26**

4. FBI Number

**98-0052046**

Applied For

☐ Not Applicable

Suite, Apt. #, etc.

**22**

Suite, Apt. #, etc.

**27**

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

City & State

**23**

City & State

**28**

6. Election Campaign Financing

☐

**\$5.00 May Be  
Added to Fees**

Zip

**24**

Country

**25**

Zip

**29**

Country

**30**

8. This corporation has liability for intangible tax under S. 190.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**MARQUEZ, IVAN  
2800 SW 3RD AVE SUITE 800  
MIAMI FL 33129**

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

|                 |                          |
|-----------------|--------------------------|
| TITLE           | <b>P</b>                 |
| NAME            | <b>MARQUEZ, IVAN</b>     |
| STREET ADDRESS  | <b>3030 NW 78TH AVE-</b> |
| CITY - ST - ZIP | <b>MIAMI FL 33126</b>    |
| TITLE           | <b>S</b>                 |
| NAME            | <b>ACEVEDO, RAFAEL</b>   |
| STREET ADDRESS  | <b>819 PARADISO AVE</b>  |
| CITY - ST - ZIP | <b>CORAL GABLES FL</b>   |
| TITLE           |                          |
| NAME            |                          |
| STREET ADDRESS  |                          |
| CITY - ST - ZIP |                          |
| TITLE           |                          |
| NAME            |                          |
| STREET ADDRESS  |                          |
| CITY - ST - ZIP |                          |
| TITLE           |                          |
| NAME            |                          |
| STREET ADDRESS  |                          |
| CITY - ST - ZIP |                          |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |                                       |                                                                              |
|---------------------|---------------------------------------|------------------------------------------------------------------------------|
| 1.1 TITLE           | <b>P</b>                              | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            | <b>MARQUEZ, IVAN</b>                  |                                                                              |
| 1.3 STREET ADDRESS  | <b>Res. Parque Acacias 3B</b>         |                                                                              |
| 1.4 CITY - ST - ZIP | <b>La Florida, Caracas, Venezuela</b> |                                                                              |
| 2.1 TITLE           |                                       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME            | <b>ACEVEDO, RAFAEL A.</b>             |                                                                              |
| 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 |                                       |                                                                              |

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)(4), Florida Statutes. I further certify that the information indicated on the 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. Block 13 is charged upon my attachment with an address.

**SIGNATURE: Rafael A. Acevedo**

**4/18/95**

**(305) 856-7586**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number