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

**PROFIT** CORPORATION



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Feb 09 1998 8:00am ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # (1) ROCKSTONE CORPORATION, INC. Principal Place of Business Mailing Address 2600 SW 3RD AVE P O BOX 450804 SUITE 800 MIAMI FL 33245-0804 MIAMI FL 33129 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/13/1988 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 98-0052046 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional X 5. Certificate of Status Desired 22 Fee Required City & State City & State \$5.00 May Be 8. Election Campaign Financing 23 Trust Fund Contribution 28 Added to Fees Žip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 30 Personal Property Tax due June 30. Yes 29 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent RAFAEL A. MARQUEZ, IVAN 81 ACEVEDO Street Address (P.O. Box Number is Not Acceptable) 2600 SW 3RD AVE SUITE 800 82 MIAMINEL 33129 Paradiso Ave 83 84 Zip Code 33/46-204 Gables ASections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered of both, in the Stato of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered in accept the obligations of, Section 607.0505, Florida Statutes. 11. Pursuant to the office or registered CEVEDO 2-2-98 SIGNATURE egistered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE Change \_\_\_ Addition MARQUEZ, IVAN NAME 1.2 NAME RES. PARQUE ACACIAS, 3B STREET ADDRESS 1.3 STREET ADDRESS LAFORIDA CA CITY-ST-ZIP 1.4 CITY - ST-ZIP DELETE Change TITLE 2.1 TITLE Addition ACEVEDO, RAFAEL A NAME 2.2 NAME 819 PARADISO AVE STREET ADDRESS 2.3 STREET ADDRESS CORAL GABLES FL CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE 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 DELETE ☐ Change Addition 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE Change Addition 5.1 TITLE NAME 52 NAME STREET ADDRESS **5 3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE 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 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 supplimental 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 or changed, or principal accument with an address.

1-14-98

30/812-7186

**FILED**