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

PROFIT CORPORATION ANNUAL REPORT

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

,	1996	DIVISION	OF CORPO	RATIONS				
1. Corporation	on Name	000074328	(4)					
ROCK	(FORD INTERNATIONAL,	INC.			1 100111001 (100 10100 LOUIS BATT) (1001 BATT)	• • • • • • • • • • • • • • • • • • •	 	1100 16 16 16 16 16 16 16 16 16 16 16 16 16
`								
Principal Place of Business Mailing Address					j lêêliêêt ide jêrêê ligit ebili nest	##141 ##111 1##11 1	91 698 1111 8 1	
,	48TH STREET	7350 S.W. 48TH	STREET					
MIAMI FL 3		MIAMI FL 33155	•					
					3. Date Incorporated or Qualified	3a. Date o		
					10/27/1993 4. FEI Number	<u> </u>	01/199	pplied For
	Place of Business	2a. Mailing Address	5		65-0444483			ot Applicable
21		26 Suite. Apt. #, e	tc					Additional
Suite, Apt	t. #, etc.	27			5. Certificate of Status Desired			equired
City & Sta	ate	City & State			6. Election Campaign Financing			May Be
23		28			Trust Fund Contribution			to Fees
Zip	Country	Zip	·	ountry	This corporation has liability for Florida Statutes	intangible tax	under s	199.032,
24	[25]	29	30		10. Name and Address of New		enl	
	g. Name and Address of C	urrent Registered Agent		81 Name	10.			
	AL INGUISE V			82 Street Addr	ess (P.O. Box Number is Not Accepta	ble)		
	CRISAN, MICHAEL V				ess (F.O. Box Number is Not recopie			
	7350 S.W. 48TH STREET							
MIAM	MIAMI FL 33155						85 Zip	Code
				84 City	ation submits this statement for the proof of directors. I hereby accept the ap	FL	Ш_	
or regis familiar SIGNATURE	with, and accept the doligations of	, Section 607.0300, Florida Gi	.p.co.co.	ered Agent signature require	ation submits this statement for the pi rd of directors. I hereby accept the ap	DATE		
12.		S AND DIRECTORS		3.	ADDITIONS/CHANGES TO OF		DIRECTO	RS IN 12 Addition
TITLE	D	☐ DELET		1 TITLE			Glange	L] Addition
NAME	CRISAN, MICHAEL V			2 NAME				
STREET ADDRES	1	ET STE. 102		3 STREET ADDRESS				
CHY-ST-ZIP	MIAMI FL 33173	☐ DELE		4 CITY - ST - ZIP 1 TITLE		Ĺ	Change	Addition
TITLE				2 NAME				
NAME	co.			3 STREET ADDRESS				
STREET ADORES	55			4 CITY - ST - ZiP				
CITY-ST-ZIP		☐ DELE		1 TITLE] Change	Addition
NAME			3	.2 NAME				
STREET ADDRES	ss		3	3 STREET ADDRESS				
C(1) Y - S1 - 2(F				4 CITY - ST - ZIP			Char ge	Addition
TITLE		☐ DELE		I, 1 TITLE		L) A.m. No.	L.J 7.00.007
NAME				I.2 NAME				
STREET ADDRÉ	ess			LA CITY ST. 7/P				
CITY-ST-ZIP		DELE		1 4 CiTY - ST - ZiP 5 1 TiTLE		Ľ) Change	neifibbA 🔲
TITLE				5.2 NAME				
NAME CANCEL ADODE	ene			5.3 STREET ADDRESS				
STHEET ADDRE	199			5.4 CITY - ST - ZIP				
TITLE		DELE	TE	5) TITLE] Change	Addition
NAME			1	6 2 NAME				
1			1	6.3 STREET ADDRESS				

64 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)(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 fine receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or/slock 13 if changed, or on in attachment with an address.