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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000074328

1. Corporation Name

ROCKFORD INTERNATIONAL, INC.

Principal	Place	of	Business

## May 27, 1999 8:00 am Secretary of State

05-27-1999 90008 044 \*\*\*150.00



Principal Plac	e of Business	Mailing Addres	s					
7350 S.W. 48TH STREET		7350 S.W. 48TH	7350 S.W. 48TH STREET					
MIAMI FL 33155		MIAMI FL 33155	MIAMI FL 33155			DO NOT WRITE IN TH	IS SPACE	
						3. Date incorporated or Qualifed		
						10/27/1993		ļ
2 Dain air al C	Non- of Dunings	3n Mailing Ade	ross			4. FEI Number		Applied For
2. Principal Place of Business 2a. Mailing Address		11622			65-0444483	<del>  - +</del> -	Not Applicable	
21   26   Suite Apt. #, etc.   Suite, Apt. #, etc.		# etc					Additional	
<u>├</u>		τ, G.G.			5. Certificate of Status Desired		Required	
22     27				···	6. Election Campaign Financing	\$5.0	0 May Be	
23 28		-	Trust Fund Contribution			d to Fees		
Zip	Country	Zip	Co	untry		8. This corporation owes the current year	Intangible	
24			30	-, ´		Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Curre					10. Name and Address of New Registere	d Agent	
				81	Name			:
	SAN, MICHAEL V			82	Street Add	ress (P.O. Box Number is Not Acceptable)		
7350	0 S.W. 48TH STREET			62	Sireet Audi	ress (F.O. Box (40)) is (40) Acceptable)		
MIAI	MI FL 33155			83				
				_				- 0-4-
				84	City	F	L 85 Zi	p Code
SIGNATURE	arm familiar with, and accept the oblig					ed when reinstating) DATE		
12.			13	i.		ADDITIONS/CHANGES TO OFFICERS	AND DIREC	TORS IN 12
TITLE	D			TITLE			Chang	e
NAME	CRISAN, MICHAEL V		NAME					
STREET ADDRESS	40000 CW ZOND CEDEET CEE 400		1.3	STREET	T ADDRESS			1
CITY-ST-ZIP	MIAMI FL 33173		1.4	CITY-S	T-ZIP			
TITLE			TITLE		•	☐ Chang	e Addition	
NAME			22	NAME				1
STREET ADDRESS	5		2.3	STREE	T ADDRESS			)
CITY-ST-ZIP	)		2.4	CITY-S	ST-ZIP			
TITLE	☐ DELETE 3.11			TITLE			Chang	e Addition
NAME			3.2	NAME				
STREET ADDRESS			3.3	STREE	T ADDRESS			
CITY-ST-ZIP				CITY-S	IT-ZIP			
TITLE			DELETE 4.1	TITLE			☐ Chang	e
NAME			4. 2	NAME				
STREET ADDRESS	;		4.3	STREE	TADDRESS			
CITY-ST-ZIP				CITY-S	T-ZIP			
TITLE				TITLE			Chang	je 🗌 Addition
NAME				NAME				
STREET ADDRESS			5.3		TADDRESS			
CITY-ST-ZIP								
TITLE				CITY-S	T-ZIP			
			DELETE 6.1	TITLE	T-ZIP		Chanç	e Addition
NAME			DELETE 6.1 6.2	TITLE NAME			Chang	e Addition
NAME STREET ADDRESS			DELETE 6.1 6.2	TITLE NAME	T-ZIP T ADDRESS		Chanç	e Addition

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.