

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Sep 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000007483 (8)**

1. Corporation Name
ROCOME GROUP, INC.



Principal Place of Business 7600 W. 20TH AVE. STE 220 HIALEAH FL 33016 US	Mailing Address 7600 W. 20TH AVE. STE 220 HIALEAH FL 33016 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/31/1994	3a. Date of Last Report 02/07/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0467173	Applied For ☐ Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent MESTRE, CEASAR JR. ESQ 7600 W. 20TH AVE. SUITE 221 HIALEAH FL 33016				10. Name and Address of New Registered Agent	
				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	☐ DELETE		1.1 TITLE		☐ Change ☐ Addition	
NAME	MESTRE, CEASAR JR.			1.2 NAME			
STREET ADDRESS	7600 W. 20TH AVE., SUITE 220			1.3 STREET ADDRESS			
CITY-ST-ZIP	HIALEAH FL 33016			1.4 CITY-ST-ZIP			
TITLE	D	☐ DELETE		2.1 TITLE		☐ Change ☐ Addition	
NAME	RODRIGUEZ, JOHN M			2.2 NAME			
STREET ADDRESS	%7600 W. 20TH AVE., SUITE 220			2.3 STREET ADDRESS			
CITY-ST-ZIP	HIALEAH FL 33016			2.4 CITY-ST-ZIP			
TITLE	D	☐ DELETE		3.1 TITLE		☐ Change ☐ Addition	
NAME	COBITZ, THOMAS A			3.2 NAME			
STREET ADDRESS	%7600 W. 20TH AVE., SUITE 220			3.3 STREET ADDRESS			
CITY-ST-ZIP	HIALEAH FL 33016			3.4 CITY-ST-ZIP			
TITLE		☐ DELETE		4.1 TITLE		☐ Change ☐ Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		☐ DELETE		5.1 TITLE		☐ Change ☐ Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		☐ DELETE		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 do 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.

SIGNATURE: _____

REGISTERED AGENT REQUIRED

9-2-97

CR2E034 (4/97)