ANNUAL REPORT
1995

Florida Department of State
DIVISION OF CORPORATIONS

FILED
95 APR 20 AM 8:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000086771 (0)

1. Corporation Name
ROX-FER CORP.

Principal Place of Business	Mailing Address
3490 SW 142ND PL MIAMI FL 33175	3490 SW 142ND PL MIAMI FL 33175

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/30/1994
3a. Date of Last Report:

2. Principal Place of Business
21 130 BRICKELL BLVD
Suite, Apt. #, etc. 22
City & State 23 MIAMI FL
Zip 24 33135 Country 25 DADE

2a. Mailing Address
26
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

4. FEI Number 65-0527662 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

FERNANDEZ, RICARDO
3490 SW 142ND PL
MIAMI FL 33175

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	PRES. ☐ Change ☐ Addition
NAME	FERNANDEZ, RICARDO	1.2 NAME	LUIS ALFONSO
STREET ADDRESS	3490 SW 142ND PL	1.3 STREET ADDRESS	3210 NW 95ST
CITY-ST-ZIP	MIAMI FL 33175	1.4 CITY-ST-ZIP	MIAMI FL 33147
TITLE	D	2.1 TITLE	VP ☐ Change ☐ Addition
NAME	FERNANDEZ, ROXANA	2.2 NAME	ZURAIDA HAZA
STREET ADDRESS	3490 SW 142ND PL	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33175	2.4 CITY-ST-ZIP	
TITLE	TREASURER/SECRETARY	3.1 TITLE	☐ Change ☐ Addition
NAME	THANH PEREZ	3.2 NAME	
STREET ADDRESS	1580 SW 63 TERR	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL. 33155	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
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 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)(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: _____ 4/19/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0191476 CP