

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.)

10/2

* PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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FILED

97 AUG 14 AM 8:53

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT # P94000090386 (1)**  
 1. Corporation Name  
**ROLAND ACOSTA REAL ESTATE, INC.**



Principal Place of Business <b>3428 CYPRESS STREET TAMPA FL 33607</b>	Mailing Address <b>3428 CYPRESS STREET TAMPA FL 33607</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	Country 25	Country 30
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3. Date Incorporated or Qualified <b>12/12/1994</b>	3a. Date of Last Report <b>06/12/1996</b>
4. FEI Number <b>59-3298592</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**ACOSTA, ROLAND  
 3428 CYPRESS STREET  
 TAMPA FL 33607**

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**800002271568--6**  
**08/19/97-01078-002**  
**\*\*\*165.00 \*\*\*165.00**  
 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 \_\_\_\_\_ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>PVST</b>	<input type="checkbox"/> DELETE
NAME	<b>ACOSTA, ROLAND</b>	
STREET ADDRESS	<b>3428 CYPRESS STREET</b>	
CITY-ST-ZIP	<b>TAMPA FL 33607</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>ACOSTA, ROLAND</b>	
STREET ADDRESS	<b>3428 CYPRESS STREET</b>	
CITY-ST-ZIP	<b>TAMPA FL 33607</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

CR2E034 (4/97)

*Retained by Acosta* *Aug 13* *820-2400*

*Lof2*

# JUNCO & COMPANY

CERTIFIED PUBLIC ACCOUNTANTS

5041 WEST CYPRESS STREET, SUITE 100  
TAMPA, FLORIDA 33607

MEMBER:  
AMERICAN INSTITUTE OF  
CERTIFIED PUBLIC ACCOUNTANTS  
FLORIDA INSTITUTE OF  
CERTIFIED PUBLIC ACCOUNTANTS

TELEPHONE:  
(813) 287-1519

FACSIMILE:  
(813) 287-8468

July 30, 1997

Ms. Sandra B. Mortham  
Secretary of State  
Florida Department of State  
Post Office Box 1500  
Tallahassee, FL 32302-1500

**RE: Roland Acosta Real Estate, Inc.  
P94000090386  
1997 Profit Corporation Annual Report**

Dear Ms. Mortham:

According to our client he mailed the original annual report with \$165.00 timely. Apparently it was lost in the mail as you apparently never received it and he did receive it back from the U.S. Postal Service.

He is again sending the \$165.00 and hopefully the penalty will be waived as this has not happened in prior years.

Sincerely,



Manuel Junco, Jr.  
Certified Public Accountant

MJ/kb