

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 22 1997 8:00am  
Secretary of State

DOCUMENT # **P95000041677 (2)**

1. Corporation Name  
**ROCKY INVESTMENTS OF FLORIDA INC.**

Principal Place of Business

**7449 COLLINS AVE.  
MIAMI FL 33141**

Mailing Address

**7449 COLLINS AVE.  
MIAMI FL 33141-2713**



2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip

Country

**25**

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip

Country

**29**

**30**

3. Name and Address of Current Registered Agent

**EL SAHN, MOHAMED  
7449 COLLINS AVE.  
MIAMI BEACH FL 33141**

3. Date Incorporated or Qualified

**05/26/1995**

3a. Date of Last Report

**04/04/1996**

4. FEI Number

**65-0590293**

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

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

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 re-stating)

DATE

OFFICERS AND DIRECTORS

**13.**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

ADDRESS  
-ZIP

**VD**  
**ELSAHN, MOHAMMED**  
**1555 NE 121 ST.**  
**NO. MIAMI FL 33161**

☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change

☐ Addition

ADDRESS  
P

**SD**  
**ARD EL NOUR, MERVAT M**  
**1555 NE 121 ST.**  
**MIAMI FL 33132**

☐ DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change

☐ Addition

*15885 Miami Lake Way No 338  
Miami FL 33014*

ADDRESS

ADDRESS

ADDRESS

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

I 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 is in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Mervat Abd El Nour*

Date

*4/8/97*

Daytime Phone #

0195177

CR2E034 (9/96)