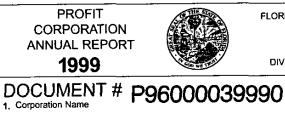
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90216 011 ***150.00



ROCK O	F MIAMI, INC.						
Principal Place	e of Business	Mailing Address			T TOURSAL LIB SUBIO BIRL CONT. BOIL COLL.	M	11:1 99 11 1 00 1
10903 NW 33RD ST 10903 NW 33RD ST MIAMI FL 33172 US US					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 05/09/1996		
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	App	lied For
21		26			65-0669306	Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	-		5. Certificate of Status Desired	\$8.75 A	
City & State	е .	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 t Added to	
Zip	Country 、	Zip 29 30	Count	try	This corporation owes the current year Personal Property Tax.	Yes	□No
	9. Name and Address of Curre	nt Registered Agent		MI No.	10. Name and Address of New Register	ea Agent	
KUEI-HSIEN, LIN 10903 NW 33RD ST			8		Street Address (P.O. Box Number is Not Acceptable)		
MIAN	AI FL 33172		8	33			
l				14 City		85 Zip C	
office or r	to the provisions of Sections 607.05 registered agent, or both, in the State im familiar with, and accept the oblig	of Florida. Such change was autho	onzed t	ov the comogration	oration submits this statement for the purpose on's board of directors. I hereby accept the ap	or changing its pointment as reg	registered
SIGNATURE	Signature, typed or printed name of registered age			gent signature require		AND DIDECTOR	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	Addition
TITLE	PD	☐ DELETE	1.1 11111			onlings	
NAME	KUIE-HSIEN, LIN		1.2 NAM				
STREET ADDRESS	10903 NW 33RD ST			EET ADDRESS '-ST-ZIP			{
CITY-ST-ZIP			2.1 TITL			Change	Addition
NAME		_	2.2 NAM	ie			
STREET ADDRESS	}		2.3 STR	EET ADDRESS			
CITY-ST-ZIP		the state of the s	2.4 CM	Y-ST-ZIP			
TITLE		☐ DELETE	3.1 TITL	E		Change	☐ Addition
NAME		İ	3.2 NAM	IE			Ì
STREET ADDRESS			3.3 STR	EET ADDRESS			
CITY-ST-ZIP			3.4. CIT	Y-ST-ZIP		<u> </u>	
TITLE		☐ DELETE	4.1 TITL	E		Change	☐ Addition
NAME	i		4. 2 NAN	ME			
STREET ADDRESS			4.3 STR	EET ADDRESS			
CITY-ST-ZIP				(-ST-ZIP		☐ Change	Addition
TITLE		☐ DELETE	5.1 TITU	1		L_I change	
NAME			5.2 NAM				į
STREET ADDRESS				EET ADORESS			ļ
CITY-ST-ZIP			_	'-ST-ZIP		☐ Change	Addition
ITME	I	☐ DELETE	6.1 TITL	- I			

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. CITY-ST-ZIP

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE

NAME

STREET ADDRESS

305.477.4862