

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L51969 (8)

1. Corporation Name
ROCKFIELD ENTERPRISES, INC.



Principal Place of Business: **% JUAN C. ZORRILLA, 1402 MIAMI CENTER, 201 S. BISCAYNE BLVD. MIAMI FL 33131**
Mailing Address: **% JUAN C. ZORRILLA, 1402 MIAMI CENTER, 201 S. BISCAYNE BLVD. MIAMI FL 33131**

3. Date Incorporated or Qualified: **02/19/1990**
3a. Date of Last Report: **06/09/1995**

2. Principal Place of Business (21) Suite, Apt. #, etc (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc (27) City & State (28) Zip (29) Country (30)

4. FEI Number: **65-0178932**
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. 190.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**ZORRILLA, JUAN C.
1402 MIAMI CENTER
201 SOUTH BISCAYNE BOULEVARD
MIAMI FL 33131**

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 **FL**

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: _____

12. OFFICERS AND DIRECTORS

TITLE	DTP	<input type="checkbox"/> DELETE
NAME	DEIFEL, DIETMAR	
STREET ADDRESS	BATCHKAER STRASSE 26	
CITY - ST - ZIP	C-71067 SINDELFINGEN GE	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DEIFEL, LYDIA	
STREET ADDRESS	BATSCHKAER STREET 26	
CITY - ST - ZIP	D-71067 SINDELFINGEN GE	
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

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	Director
33 STREET ADDRESS	Schwald, Harry
34 CITY - ST - ZIP	C. Gaviota 3
41 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	Secretary
43 STREET ADDRESS	Munoz, Juan Munoz
44 CITY - ST - ZIP	Plaza del Angel No. 1-20D
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	18006 Granada/Spain
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	800001883788
63 STREET ADDRESS	-07/03/96--01077--017
64 CITY - ST - ZIP	***225.00

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)(k), 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: *Dietmar Deifel* **05/31/96** 011-49-7031-386773
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)