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



COF ANNU	CORPORATION ANNUAL REPORT 1996		FLORIDA DEFARTMENT OF STATE Sandra B. Morthani Secretary of State DIVISION OF CORPORATIONS					
1. Corporation	MENT # 390 Name RO AMERICA EXPOR	0 796	(1)					
V60111	no andinoa dal on	I G WIN ONL)	IINO.					
Principal Place	of Business	Main	ng Address				i Blaif Blait Blait	
14 N.E. 1 A Suite 905 Miami FL 3		\$	6 N.E. 1 AVENUE UITE 905 IAMI FL 33132			3. Date Incorporated or Qualified 3a	a. Dale of Las	st Report
2. Principal Pia	ace of Business	2a. N	lailing Address			11/04/1971 4. FEI Number	04/21	-
21 26						59-1369388	-	Applied For Not Applicable
	Suite, Apt. #, etc.					F.O. 12	\$8.	.75 Additional
22 27								ee Required
City & State	 -, '		ity & State			6. Election Campaign Financing Trust Fund Contribution	\$5 Ac	.00 May Be ided to Fees
Ζφ 24	Country 25	29	p	Country	;	8. This corporation has liability for intang	gible tax unde	
=-1	9. Name and Address of		ed Agent	30	·····	Florida Statutes Yes 10. Name and Address of New Register		
				81	Name	To. Maine and Address of New Hegis	tered Agent	~ _
rivera	, alfredo			00	A - I	TO 6		
	W. 48 TERR			82	Street Add	dress (P.O. Box Number is Not Acceptable)		
MIAMI F	FL 33155			83				
				84	City			
11 Dura racht					' /		FL 85	Zip Code
or registere	o the provisions of Sections 60 of agent, or both, in the State	07.0502 and 607.1 of Florida. Such ef	508, Florida Statute sange was authoriz∈	es, the above-red by the core	named corpo oration's boa	oration submits this statement for the purpose and of directors. Thereby accept the appointment	of changing if	ts registered office
	and accept the obligations	of, Section 607 050	J5, Florida Statutes.			and of the each of the appointment	en: as register	red agent i ani
SIGNATURE .	algratine typed or proted name of migra-		in a company of the c	II. Begistered Ager	J. Salker III are combined	orlanda musika teore		
12.	OF FICE	RS AND DIRECTO	HS	13.	- Signature respons	ADDITIONS/CHANGES TO OFFICERS	S AND DIREC	TORS IN 12
TITLE	P		DELETE	1 1 TILLE			☐ Chang	
NAME	RIVERA, ALFREDO			1.2 NAME	1			
STREET ADDRESS	6701 S.W. 48 TERR			13 STREET	ADDRESS			
CITY - ST - ZIP TITLE	MIAMI FL ST			14 CHY-S	* - ZIP			
NAME	RIVERA, ARLETTE		DELETE	2 1 TITLE			Chang	ge 🔲 Addition
STREET ADDRESS	6701 S.W. 48 TERR			2.2 NAME				
CITY-ST-ZIP	MIAMI FL			2.3 STHEET				
TITLE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		DELETE	24 CITY - S	F-ZIP			
NAME			otten	3 1 THLE 3 2 NAME			☐ Chang	ge 🔲 Addition
STREET ADDRESS				33 STREET	Motorice			
CITY - ST - ZiP				3 4 C/TY - SI	1			
TITLE			DELETE	4 1 T-TLE	1-417		☐ Chang	e Addition
NAMÉ				4.2 NAME			Change	e [_] Addition
STREET ADDRESS				4.3 STREET	ADDRESS			
CITY - ST - ZIP				4.4 CITY - SI	I - ZIP			
TITLE			DELFTE	5 1 THILE			☐ Change	e 🗍 Addition
NAME				5.2 NAME				
STREET ADDRESS				5 3 STREET	ADDR:SS			ĺ
CITY-ST-Z-P	· · · · · · · · · · · · · · · · · · ·	—		5.4 CITY - ST	- 7IP			
TITLE			DELETE	6 1 TITLE			☐ Change	e 🔲 Addition
NAME				6.2 NAME				

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)(k). Florida Statutes. I further certify that the information indicated on this agonal report or suppliemental 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 opportunity or the receiver or trustee employered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 13 if changes or on an iterational with an address.

6.3 STREET ADDRESS

STREET ADDRESS

CITY+ST-ZIP

SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April, 18/96 - 305-577-3533