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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 478627

(3)

ROLO OF MIAMI, INC.

FILED Feb 05 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 18215 COLLINS AVENUE 18215 COLLINS AVENUE MIAMI BEACH FL 33160 MIAMI BEACH FL 33160 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/12/1975 2a. Mailing Address 4. FEI Number Applied For 2. Principal Place of Business 26 59-1608018 Not Applicable 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State **\$5.00** May Be City & State 6. Election Campaign Financing 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current lear Intangible Yes Personal Property Tax due June 30. 24 25 29 30 Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name LUCAS, ROBERT F. 18215 COLLINS AVENUE Street Address (P.O. Box Number is Not Acceptable) MIAMI BEACH FL 33160 83 City Zip Code 84 85 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE 1.1 TITLE Change Addition TITLE LUCAS, ROBERT F. 1.2 NAME **CR2E034** NAME 18215 COLLINS AVENUE 1.3 STREET ADDRESS STREET ADDRESS MIAMI BEACH FL CITY-ST-ZIP 1.4 CITY-ST-ZIP Change Addition DELETE 2.1 TITLE TITLE NAME LUCAS, FRANCIS, W 2.2 NAME STREET ADDRESS 18215 COLLINS AVENUE 2.3 STREET ADDRESS MIAMI BEACH FL 2. 4 CITY - ST-ZIP CITY - ST- 2IP Change Addition ■ DELETE 3.1 TITLE TITLE LUCAS, LORETTA 3.2 NAME NAME 18215 COLLINS AVENUE STREET ADDRESS 3.3 STREET ADDRESS MIAMI BEACH FL CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE 4.1 TITLE Change ___ Addition TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - 71P CITY-ST-ZIP Addition DELETE Change 5.1 TITLE TITLE 5.2 NAME NAME 5,3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST- ZIP CITY - ST - ZIP DELETE 6.1 TITLE ☐ Change Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling 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.

SIGNATURE:

1-20-98