

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 486439 (3)

1. Corporation Name

ROVIL CORPORATION



Principal Place of Business

7060 N.W. 52ND STREET  
MIAMI FL 33166

Mailing Address

7060 N.W. 52ND STREET  
MIAMI FL 33166

3. Date Incorporated or Qualified

10/15/1975

3a. Date of Last Report

05/31/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-1646786

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JIMENEZ, EDGARDO  
14765 BRECKNESS PL  
MIAMI LAKES FL 33016

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME JIMENEZ, HUBERTO  
STREET ADDRESS 14539 GLENCAIRIN RD  
CITY-ST-ZIP MIAMI LAKES FL

1.1 TITLE PD  
1.2 NAME HUBERTO-JIMENEZ  
1.3 STREET ADDRESS 14539 Glencairn Rd.  
1.4 CITY-ST-ZIP Miami Lakes, Fla. 33016

TITLE PVPT  
NAME JIMENEZ, EDGARDO  
STREET ADDRESS 15436 TURNBULL DR.  
CITY-ST-ZIP MIAMI LAKES FL

2.1 TITLE PVPT  
2.2 NAME EDGARDO-JIMENEZ  
2.3 STREET ADDRESS 14765-BRECKNESS-PL.  
2.4 CITY-ST-ZIP Miami Lakes, Fla. 33016

TITLE S  
NAME JIMENEZ, HUMBERTO S  
STREET ADDRESS 15539 GLENCAIRIN RD  
CITY-ST-ZIP MIAMI LAKES FL

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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 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:

Edgardo Jimenez  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-1996

305-591-4443

Date

Daytime Phone #

CR2E034 (12/95)