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PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

526634

(1)

ROCA EXPORT, INC.

FILED								
Jan 15	1998 8:00am							
Secre	etary of State							

CH CD



Principal Plac	ce of Business	Mailing Address			1 100104 01510 11060 01670 01100 11141 01	91 WIDII 01011 B1811 81011 1		
1840 WEST 49TH STREET 407 HALEAH FL 33012 US 1750 WEST 46TH STREET APARTMENT #206 HIALEAH FL 33012 US		APARTMENT #206	APARTMENT #206		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified			
A O -1	Name of Davis				02/25/1977			
 :		2a. Mailing Address	3		4. FEI Number	Applied For		
21 Sulte, Apt.	# etc	Suite, Apt. #, etc.			59-1723817		lot Applicable	
22		27	27		5. Certificate of Status Desired	T	\$8.75 Additional Fee Required	
City & State			City & State		6. Election Campaign Financing	~ ~		
23		• • • • • • • • • • • • • • • • • • • •	[28]		Trust Fund Contribution			
Zip	Country	Zip	Country			his corporation owes or has paid the current year Intangible		
24	25 9. Name and Address of Cui	rent Registered Agent	30		Personal Property Tax due June 30 Yes No 10. Name and Address of New Registered Agent			
		Trent riegisteres Agent	81	Name	ID. Name and Address of New No	Bistolen Wholit		
	OHAN, LAURENCE J							
	101 SW 76 ST Duth Miami FL 33143		82	Street Add	dress (P.O. Box Number is Not Acceptate	le)		
	70111 MINNW 1 C 00140		83					
			84	City	·	FL 85 Ziji	Code "	
office or	registered agent, or b oth, in the Si	tate of Florida. Such change was a	authorized by	the corpora	poration submits this statement for the pation's board of directors. I hereby accept	urpose of changing	its registered s registered	
agent. I a	am familiar with, and accept the of	bligations of, Section 607.0505, Flo	orida Statutes				.	
SIGNATURE	Signature, typed or printed name of registered	dingent and lifte if apolicable (NO)	L. Henistenio Aner	it somature reso	pired when reinstating)	TAG		
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		RS IN 12	
TITLE	PD	DESTIE	3.1 TITLE	· · · · · · · · · · · · · · · · · · ·	TD .	☐ Change	Addition	
NAME	ROSENEY, FRANK		1.2 NAME		POSENEU MORNORIE	Α.		
STREET ADDRESS	1 4555 111 44514 65		1.3 STREET /	ADORESS	ZOSENEY MARJORIE	¥206	ŀ	
CITY-ST-ZIP	HIALEAH, FL 00000		1.4 CUY - S1	-21P	HIALEAH, FI 33012			
TITLE	VP	DELETE	2171716			☐ Change	Add tion	
NAME	ROSENEY, MARIA E.		2.2 NAME					
STREET ADDRESS	NOORESS 1750 W. 46TH STREET		23 STREET A	ADDRESS				
CITY-ST-ZIP	HIALEAH FL		2 4 CHY-S	1 - ZIP				
TITLE	MD	[_] OFFETE	3.1 TITLE			Change	neithbbA 🔲	
NAME	1100011011		3.2 NAME					
STREET ADDRESS			33 STREET A	ADDRESS				
CITY-ST-ZIP	HIALEAH FL		3.4. CITY - ST	1 - 7IP				
TITLE	— — — — — — — — — — — — — — — — — — —		4 1 TITLE			<u>L</u> ∃ Change	Addition	
NAME	the service of the same service of the service of t		4 2 NAME				-	
STREET ADDRESS			4.3 STREET A	ADDRESS				
CITY-ST-ZIP	HIALEAH FL			- 7IP	·			
TITLE		☐ DELETE	5131116			L_J Change	Addition	
<u>1</u>		5.2 NAME				}		
<u>!</u>			.3 STREEL ADDRESS					
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	5.4 CITY - ST	- 71P		——————————————————————————————————————		
TITLE		□ DELETE				☐ Change	Addition	
	1		6.2 NAME	ĺ				
STREET ADDRESS			6.3 STREET A					
CITY-ST-ZIP			6.4 CHY-ST	- ZIP				

Intereory certify that the information supplied with this tiling does not quality 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 changes or on an attachment with an address.

11/100 200 557-5205