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Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90093 047 ***150.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 584057

1. Corporation Name
RODAMA INVESTMENT, INC.

Principal Place of Business
201 SEVILLA AVENUE SUITE 302
% CARIBE NATIONAL REALTY
CORAL GABLES FL 33134

Mailing Address
201 SEVILLA AVENUE SUITE 302
% CARIBE NATIONAL REALTY
CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/01/1978

4. FEI Number

59-1854919

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 **8190 N.W. 66 STREET**

Suite, Apt. #, etc.

22

City & State

23 **MIAMI, FLORIDA**

Zip Country

24 **33166**

25

2a. Mailing Address

26 **8190 N.W. 66 STREET**

Suite, Apt. #, etc.

27

City & State

28 **MIAMI, FLORIDA**

Zip Country

29 **33166**

30

9. Name and Address of Current Registered Agent

**VALDES, FRANCISCO J
% CARIBE REALTY
201 SEVILLA AVE., STE. 302
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name

Francisco J. Valdes / c/o CARIBE NAT. REALTY CORP.

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

8190 N.W. 66 STREET

83

84 City

MAIMI

FL

85 Zip Code
33166

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 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
AMADOR, LUIS E
1414 CORAL WAY
MIAMI FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
AMADOR, ANA MARIA
1414 CORAL WAY
MIAMI FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
AMADOR, ANA MARIA
1414 CORAL WAY
MIAMI FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 26, 1999

Date

(305) 593-0587

Daytime Phone #

CR2E034 (11/98)

0196474