

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90269 001 ***150.00

DOCUMENT # F61713

1. Corporation Name

ROLACIO INVESTMENT CORPORATION

Principal Place of Business

1 S.E. 3RD AVE.
STE. #1400
MIAMI FL 33131

Mailing Address

1 S.E. 3RD AVE.
STE. #1400
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/15/1982

4. FEI Number

59-2266117

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

21 760 Harbor Drive

Suite, Apt. #, etc.

2a. Mailing Address

26 760 Harbor Drive

Suite, Apt. #, etc.

23 City & State

Key Biscayne, FL

Zip

24 33149

Country

25 USA

27 City & State

28 Key Biscayne, FL

Zip

29 33149

Country

30 USA

9. Name and Address of Current Registered Agent

COPROLITE CORPORATION
1 SE 3 AVE
SUITE 1400
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name Romano Ciocca

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

83 760 Harbor Drive

84 City Key Biscayne

FL

85 Zip Code 33149

11. Pursuant to the provisions of Sections 607.0582 and 607.1509, 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 607.1509, 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

TITLE SD
NAME CIOCCA, LAURA
STREET ADDRESS 1 SE 3 AVE 1400
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE PD
NAME CIOCCA, ROMANO
STREET ADDRESS 1 SE 3 AVE 1400
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE VD
NAME BLASS, STEPHEN A
STREET ADDRESS 1 SE 3 AVE 1400
CITY-ST-ZIP MIAMI, FL 00000

☒ DELETE

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)