

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # F62285 (4)

1. Corporation Name  
ROLIZ, INC.



Principal Place of Business  
3100 NW 72 AVE.  
STE. #126  
MIAMI FL 33122

Mailing Address  
3100 NW 72 AVE.  
STE. #126  
MIAMI FL 33122

3. Date Incorporated or Qualified  
02/12/1982

3a. Date of Last Report  
04/28/1995

4. FEI Number  
59-2328634

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

2. Principal Place of Business  
21  
Suite, Apt. #, etc.  
22  
City & State  
23  
Zip  
24  
Country  
25

2a. Mailing Address  
26  
Suite, Apt. #, etc.  
27  
City & State  
28  
Zip  
29  
Country  
30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~FERNANDEZ, EDUARDO~~  
~~FREEMAN, NEWMAN & BUTTERMAN~~  
~~520 BRICKELL KEY DRIVE S-305~~  
~~MIAMI FL 33131~~

81 Name  
ROBERTO NAMAD

82 Street Address (P.O. Box Number is Not Acceptable)  
3100 NW 72 Ave #126

83

84 City  
Miami

FL 85 Zip Code  
33122

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                               | 1.1 TITLE   |  |
| NAME                       | NAMAD, ROBERTO                   | 1.2 NAME  |  |
| STREET ADDRESS             | 3100 NW 72 AVE #126              | 1.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | MIAMI FL                         | 1.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <del>ST</del>                    | 2.1 TITLE   |  |
| NAME                       | <del>NAMAD, GISELA</del>         | 2.2 NAME  |  |
| STREET ADDRESS             | <del>3100 NW 72 AVE #126</del>   | 2.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | <del>MIAMI FL</del>              | 2.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <del>VPO</del>                   | 3.1 TITLE   |  |
| NAME                       | <del>BENARROYO, ABRAMINO</del>   | 3.2 NAME  |  |
| STREET ADDRESS             | <del>3100 NW 72ND AVE #126</del> | 3.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | <del>MIAMI FL</del>              | 3.4 CITY-ST-ZIP                                       |  |
| TITLE                      | SECRETARY                        | 4.1 TITLE   |  |
| NAME                       | CARLOS LEIVA                     | 4.2 NAME  |  |
| STREET ADDRESS             | 7400 SW 68 Ave                   | 4.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | MIAMI, FLORIDA 33143             | 4.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                                  | 5.1 TITLE   |  |
| NAME                       |                                  | 5.2 NAME  |  |
| STREET ADDRESS             |                                  | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                                  | 5.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                                  | 6.1 TITLE   |  |
| NAME                       |                                  | 6.2 NAME  |  |
| STREET ADDRESS             |                                  | 6.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                                  | 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)