FILE NOW: FILING FEE AFTER MAY 1 IS \$2 5.00 PROFIT FLORIDA DEPARTMEN F STATE CORPORATION Sandra B. Mort ANNUAL REPORT Secretary of St DIVISION OF CORPO ATIONS 1996 (9)**DOCUMENT #** 1. Corporation Name ROBEREST MANAGEMENT SERVICE CORPORATION Mailing Address Principal Place of Business % ROBERTO ESTRADA % ROBERTO ESTRADA 630 W. 39TH STREET 630 W. 39TH STREET HIALEAH FL 33012 HIALEAH FL 33012 3. Date Incorporated or Qualified 3a. Date of Last Report 05/01/1995 12/14/1982 Applied For 4 FELNumber 2a. Mailing Address 2. Principal Place of Business Not Applicable 59-2259917 21 \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Suite, Apt. #, etc. Fee Required 27 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 28 23 This corporation has liability for intangible tax under s 199.032. Country Country Ζıρ Yes No Florida Statutes 30 29 25 24 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent 61 Name Street Address (P.O. Box Number is Not Acceptable) ESTRADA, ROBERTO 82 **630 W. 39TH STREET** 83 HIALEAH FL 33012 Zip Code City 84 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. Thereby accept the appointment as registered agent. Familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. (by) In English is the factor of the recognition of the remarking in SIGNATURE CR2E034 (12/95) Signature dispection proper cupie of respective polaristic in a consideration ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE THLE 1./ NAME ESTRADA, ROBERTO NAME TREET ACORESS 630 W. 39TH STREET STREET ADDRESS 114 - 51 - ZIP HIALEAH FL CHTY - ST - ZiP ☐ Change Addition THILF DELETE 2 TITLE AME ESTRADA, MARIA NAME TREEL ADDRESS 630 W. 39TH STREET STREET ADDRESS HIALEAH FL CITY-ST-ZIP Addition DELETE n.e TITLE 1.45 NAME TREET ADDRESS STREET ADDRESS CITY-ST-ZIP Change ☐ Addit₊on DELETE TITLE AM(NAME TREET ADDRESS STREET ADDRESS HT ST ZIP CITY - ST - ZIP Change Addition DELETE Tilef TITLE AM. NAME STREET ADDRESS STREET ADDRESS OITH-ST ZIP CITY - ST-ZIP Change C Addition DELETE TIBLE TITLE NAME STREET AUDRESS STREET ADDRESS CHY-ST-ZIP 14. I do hareby certify that the information supplied with this filing is voluntarily turnished certify that the information indicated on this annual report or supplemental annual reports; that I am an officer or director of the corporation or the receiver or trustee employers in Block 12 or Block 13 if changed, or on an attachment with an address. CITY-ST-ZIP 1 obes not quality for the exemption stated in Section 119 07(3)(k), Florida Statutes. I further is true and accurate and that my signature shall have the same legal effect as if made under ered to execute this report as required by Chapter 607, Florida Statutes; and that my name V-/30/96 RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR

CTOR

SIGNATURE: