SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G13305

(9)

ROBEREST MANAGEMENT SERVICE CORPORATION

Principal Place ** ROBERTO 630 W. 39TH HIALEAH FL 3	ESTRADA STREET	% ROBERTO 630 W. 39TH	Mailing Address * ROBERTO ESTRADA 630 W. 39TH STREET HIALEAH FL 33012			DO NOT WRITE IN THIS SPACE			
						 Date Incorporated or Qualified 12/14/1982 	3a. Date of L 06/04/1	•	
2. Principal Pl	ace of Business	<u> </u>	2a. Mailing Address			4. FEI Number		Applied For	-
21		26 Suite And	Suite, Apt. #, etc.			59-2259917		Not Applicat	
Suite, Apt. #, etc.		· · ·	27			5. Certificate of Status Desired		.75 Additional ee Required	
City & State			City & State			6. Election Campaign Financing	\$5	.00 May Ba	
23		28				Trust Fund Contribution		dded to Fees	
Zip	Country			Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No			
24	9. Name and Address of Curre	29 ent Registered Agen	30 1	L		Personal Property Tax due June 10. Name and Address of New Re		No	\dashv
FS	TRADA, ROBERTO	The Programme Programme		81	Name	10, 112110 210 1100 11	giotoroo rigorii		_
	W. 39TH STREET			90		/DO Do Nivelia in Not Assessed			
	LEAH FL 33012		82 Street Ad			ress (P.O. Box Number is Not Acceptab	··e)		
				83					
				84	City	TO NOTE AND ADDRESS OF THE PARTY OF THE PART	85	Zip Code	
44 Bussiant	a the provisions of Continue 607.05	02 and 607 1608 EU	arida Statutaa I	the above	nomod cost	poration submits this statement for the p	FL 8	ring its register.	
office or re	egistered agent, or both, in the State of familiar with, and accept the oblig	le of Florida. Such ch	iange was auth	orized by	the corooral	tion's board of directors. I hereby accep	of the appointme	int as registered	d d
	ri lamiliai wim, and accept ine obii	Jations of Section of	<i>31</i> .0303, Florida	a Statutes	1.				1
SIGNATURE .	Signature typed or printed name of registered a	gent and title if applicable	(NOTE: Re	gistered Age	nt signature requi	red when reinstating)	DATE		-
12.		ND DIRECTORS		13 .		ADDITIONS/CHANGES TO OFFIC			
TITLE	PTD FETDADA DODEOTO	· · ·					L Ch	ange Additi	ion
NAME	ESTRADA, ROBERTO 630 W. 39TH STREET								
STREET ADDRESS	HALEAH FL				ADDRESS				
CITY-ST-ZIP TITLE	S		DELETE	1.4 CITY - S 2.1 TITLE	T-ZIP		Ch	ange 🔲 Addili	ion
NAME	ESTRADA, MARIA		Detrice	2.2 NAME			011	ange radiii	1011
STREET ADDRESS	630 W. 39TH STREET			2.3 STREET	ANNDECC				
CITY-ST-ZIP	HIALEAH FL			2.4 CITY-S	1				
TITLE			DELETE	3.1 TITLE	11-21		☐ Ch	ange	ion
NAME				3.2 NAME				-	
STREET ADDRESS				3.3 STAEET	ADDRESS				
CITY-ST-ZIP				34. CiTY-9	ST - Ž (P				ł
TITLE			DELETE	4 1 TITLE			Ch	ange 🔲 Additi	ion
NAME				4. 2 NAME					
STREET ADDRESS]	4.3 STREET	ADDRESS				1
CITY-ST-ZIP				4.4 CITY-S	T-ZIP				
TITLE		L	DELETE	5.1 TITLE	[∐ Ch	ange Additi	ION
NAME				5.2 NAME					
STREET ADDRESS			1	5.3 STREET	1		•		1
CITY-ST-ZIP TITLE	<u></u>	———	DELETE	5.4 CITY-S 6.1 TITLE	I · ZIP		☐ Ch	ange 🔲 Additi	ion
NAME		لبا	DELETE .	6.2 NAME				ango 🗀 noulli	.571
STREET ADDRESS				6.3 STREET	ADDRESS				
CITY, ST. 7IP				SAPITY-S			•		

14. I do 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.

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IGNATIVATIVE OTHER SECTION

9/12/0

FILED

Sep 22 1997 8:00am

Secretary of State