

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

APPROVED AND FILED
95 JAN 27 AM 10:35
SECRETARY OF STATE TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995
 FLORIDA DEPARTMENT OF STATE
 Sandra B. Northam Secretary of State
 DIVISION OF CORPORATIONS



DOCUMENT # **G29972** (8)
 1. Corporation Name
RODWIN CORP.

Principal Place of Business Mailing Address
8430 S.W. 15TH TERR. MIAMI FL 33144-4152
8430 S.W. 15TH TERR. MIAMI FL 33144-4152

2. Principal Place of Business 2a. Mailing Address
 21 26
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 27
 City & State City & State
 23 28
 Zip Country Zip Country
 24 25 29 30

3. Date Incorporated or Qualified **03/16/1983** 3a. Date of Last Report **03/03/1994**
 4. FEI Number **59-2316995** 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

9. Name and Address of Current Registered Agent
GALAN, JUAN A.
8430 SW 15 TERR
MIAMI FL 33144

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	BLUM, MARISEL
STREET ADDRESS	8430 S.W. 15TH TERR.
CITY- ST- ZIP	MIAMI FL
TITLE	VPD
NAME	BLUM, ALICE
STREET ADDRESS	8430 S.W. 15TH TERR.
CITY- ST- ZIP	MIAMI FL
TITLE	TD
NAME	BLUM, M. VIVIAN
STREET ADDRESS	8430 S.W. 15TH TERR.
CITY- ST- ZIP	MIAMI FL
TITLE	A
NAME	GALAN, JUAN A
STREET ADDRESS	8430 SW 15TH TER
CITY- ST- ZIP	MIAMI FL
TITLE	A/S
NAME	GALAN, MARIA J.,
STREET ADDRESS	8430 SW 15 TERR.
CITY- ST- ZIP	MIAMI FL 33144
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Blum, MARISEL
1.3 STREET ADDRESS	000001335000
1.4 CITY- ST- ZIP	-02/01/95--11039--019
2.1 TITLE	****200.00
2.2 NAME	****200.00
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 110.07(3)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on a supplemental report with an address.

SIGNATURE: *Maria J Galan* Jan. 9/95 (305) 361-8864
 MARIA J GALAN, Asst. Sec.