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DIVISION OF CORPORATIONS
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CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # G61422 (3)

1. Corporation Name
RODEL GROUP, INC.

Principal Place of Business	Mailing Address
XXXXXXXXXX XXXXXXXXXX 12230 SW 128 St Miami, Fl 33186	XXXXXXXXXX XXXXXXXXXX 12230 SW 128 St Miami, Fl 33186

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/28/1983	3a. Date of Last Report 04/26/1994
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2. Principal Place of Business	2a. Mailing Address
21 12230 SW 128 ST	26 12230 SW 128 ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 MIAMI FL	28 MIAMI FL
Zip Country	Zip Country
24 33186 25	29 33186 30

4. FEI Number 59-2655570	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

DELGADO, ELISEO F.
~~XXXXXXXXXX~~ 12230 SW 128th Street
~~XXXXXXXXXX~~ Miami, Fl 33186

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	12230 SW 128 St
83 City	MIAMI FL
84 City	MIAMI FL
85 Zip Code	33186

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 the corporation (DATE) Registered Agent signature required when registering

12. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	DELGADO, ELISEO F.
STREET ADDRESS	XXXXXXXXXX 12230 SW 128 St
CITY - ST - ZIP	XXXXXXXXXX Miami FL 33186
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1 2 NAME	
1 3 STREET ADDRESS	
1 4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2 1 TITLE	
2 2 NAME	
2 3 STREET ADDRESS	
2 4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3 1 TITLE	
3 2 NAME	
3 3 STREET ADDRESS	
3 4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4 1 TITLE	
4 2 NAME	
4 3 STREET ADDRESS	
4 4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5 1 TITLE	
5 2 NAME	
5 3 STREET ADDRESS	
5 4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6 1 TITLE	
6 2 NAME	
6 3 STREET ADDRESS	
6 4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information submitted 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 included in 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 checked or on an attachment with an address.

SIGNATURE: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR OFFICER OR DIRECTOR
ELISEO DELGADO

6/24/95 (309) 232-3473
 Date System Phone #