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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortharn Secretary of State DIVISION OF CORPORATIONS

1996

DOCUN L. Corporation	MENT # H0989	96 (2	2)							
RODSON, INCORPORATED										
Principal Place	of Business	Mailing Address							OLDIH BIDIL IDDI	
10695 BIRD RD.		10895 BIRD RD.								
MIAMI FL 33	1165	MIAMI FL 33165			- W-ESS.	yerretaların iki	. Ta. 5	ala effect D		
					1	Incorporated or Qualified 6/18/1984	3a. D	ate of Last R 06/23/19	•	
2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address			4. FEI Number			Applied For	
Suite, Apt. #, etc.		26	26 Suite, Apt. #, etc.			59-2431595			Not Applicable	
		1				lificate of Status Desired			Additional Required	
City & State		City & State			6 . Elec	tion Campaign Financing			May Be	
, 		28				st Fund Contribution		Adde	d to Fees	
Zip	Country	Zip	F 1	untry	1	corporation has liability folials Statutes	or intangible es 🔲 No	e tax under s	199.032,	
l	25 9. Name and Address of Curre	29 ent Registered Agent	[30]	1		ne and Address of New		ed Agent		
	g arre received or our			81 Name						
RODRIGUEZ, JESUS M				82 Stree	Address (P.O. B	ox Number is Not Accept	able)			
	BIRD ROAD									
MIAMI F	FL 33165			83						
				84 City		20,417	F	85 Zı	p Code	
familiar wi	to the provisions of Sections 607.050 red agent, or both, in the State of Flo th, and accept the obligations of, Sec	02 and 607.1508. Florida S rida. Such change was au ction 607.0505, Florida Sta	Statutes, the ab- orthorized by the atutes.	′	corporation subm s board of directo	its this statement for the p ors. I hereby accept the ap			egistered offic Lagent, Lam	
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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. 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

GNATURE:

SIGNATURE:

SIGNATURE:

SIGNATURE TO THE OR PRINTED NOME OF SIGNING OFFICER OR DIRECTOR.

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SIGNATURE:4