FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

APPROVED AND FILED

DOCUMENT # **J19374** **(4)**

1. Corporate Name

ROCA GOLD JEWELRY, INC.

Principal Place of Business

% CARLOS I. MORALES
930 BELVEDERE RD
WEST PALM BEACH FL 33405

Mailing Address

% CARLOS I. MORALES
930 BELVEDERE RD
WEST PALM BEACH FL 33405

FOR OFFICE USE ONLY IN THIS SPACE

3. Date Incorporated / Qualified: 06/12/1986

3a. Date of Last Report: 05/01/1994

2. Principal Place of Business — 21

2a. Mailing Address — 26

4. FEI Number: 59-2729061 — Applied For / Not Applicable

Suite Apt. # — 22 — Suite Apt. # — 27

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

City, State — 23 — City, State — 28

6. Election Campaign Financial Report Filed ☐ — $5.00 May Be Added to Fees

24 — 25 — 29 — 30

8. This corporation is an insurance company under Chapter 628 Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MORALES, CARLOS I.
930 BELVEDERE RD
WEST PALM BEACH FL 33405

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 Section 607.0505 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. The registered office and registered agent of record in the State of Florida are hereby changed to read as shown below.

SIGNATURE

12. Officers and Directors

TYPE	PD
NAME	MORALES, CARLOS I.
ADDRESS	121 GRANADA ST
CITY	ROYAL PALM BEACH FL
TYPE	SD
NAME	MORALES, MANUELA
ADDRESS	121 GRANADA ST
CITY	ROYAL PALM BCH FL
TYPE	VD
NAME	MORALES, ROLANDO
ADDRESS	829 CHERRY RD
CITY	WEST PALM BEACH FL
TYPE	D
NAME	DEL CARMEN PEREZ, RAQUEL
ADDRESS	188 CORDOBA CIRCLE
CITY	ROYAL PALM BEACH FL
TYPE	
NAME	
ADDRESS	
CITY	
TYPE	
NAME	
ADDRESS	
CITY	

13. Additions and Changes to the Above Officers and Directors

TYPE	☐ Change ☐ Add
NAME	
ADDRESS	
CITY	
TYPE	☐ Change ☐ Add
NAME	
ADDRESS	
CITY	
TYPE	☐ Change ☐ Add
NAME	
ADDRESS	
CITY	
TYPE	☐ Change ☐ Add
NAME	
ADDRESS	
CITY	
TYPE	☐ Change ☐ Add
NAME	
ADDRESS	
CITY	
TYPE	☐ Change ☐ Add
NAME	
ADDRESS	
CITY	

14. I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 of this report or in a separately typed or printed statement following this report.

SIGNATURE: Carlos Morales

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0248225 CP