

FILE NOW: FILING FEE AFTER MAY 1 IS \$ 25.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF REVENUE
Sandra E. Moore
Secretary
DIVISION OF CORPORATE AFFAIRS

DOCUMENT # J87279 (2)

1. Corporation Name

ROANNE INTERNATIONAL, INC.



Principal Place of Business

**8033 N.W. 36TH STREET, SUITE 440
MIAMI FL 33166**

Mailing Address

**8033 N.W. 36TH STREET, SUITE 440
MIAMI FL 33166**

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

24

25

29

30

9. Name and Address of Current Registered Agent

**ISICOFF, ERIC D ESQ.
1101 BRICKELL AVENUE
SUITE 704
MIAMI FL 33131**

11. Pursuant to the provisions of Sections 607.002 and 607.003, Florida Statutes, I, the undersigned, do hereby certify that the information supplied in this report is true and correct, and that I am an officer or director of the corporation, or the registered agent of the corporation, and accept the obligations of Section 607.005, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

FILE	NAME	STREET ADDRESS	CITY, ST, ZIP	TITLE	DELETE
1	PD RIBADENEIRA, DIEGO	8033 N.W. 36TH STREET	MIAMI FL 33166		<input type="checkbox"/>
2	VS RIBADENEIRA, DANIELA	8033 NW 36 ST. STE. 440	MIAMI FL		<input type="checkbox"/>
3					<input type="checkbox"/>
4					<input type="checkbox"/>
5					<input type="checkbox"/>
6					<input type="checkbox"/>
7					<input type="checkbox"/>
8					<input type="checkbox"/>
9					<input type="checkbox"/>
10					<input type="checkbox"/>
11					<input type="checkbox"/>
12					<input type="checkbox"/>

3. Date Incorporated or Qualified: **08/14/1987** 3a. Date of Last Report: **03/31/1995**

4. FEI Number: **59-2836002** 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

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

I, the undersigned, do hereby certify that the information supplied in this report is true and correct, and that I am an officer or director of the corporation, or the registered agent of the corporation, and accept the obligations of Section 607.005, Florida Statutes.

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

FILE	NAME	STREET ADDRESS	CITY, ST, ZIP	TITLE	DELETE	Change	Addition
1					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied in this report is true and correct, and that I am an officer or director of the corporation, or the registered agent of the corporation, and accept the obligations of Section 607.005, Florida Statutes.

SIGNATURE: *Daniela Rocha*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/18/96 (305) 547-9044

CR2E034 (12/95)