Applied For

\$8:75 Additional

Fee Required

Not Applicable

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90120 030 ***150.00

L	OCOMENI	#	JK.	ノソノ	Ĺ
1.	Corporation Name				~

ROANNE INTERNATIONAL, INC.

Principal Place of Business 8033 N.W. 36TH STREET, SUITE 440 MIAMI FL 33166

2. Principal Place of Business

Suite, Apt..#, etc.

22

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

26

27

8033 N.W. 36TH STREET. SUITE 440

MIAMI FL 33166

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed

08/14/1987 4. FEI Number

59-2836002

5. Certificate of Status Desired

City & State		City & State	•		6. Election Campaign Financing	\$5.00 #					
23		28	4		Trust Fund Contribution	Added to	Fees				
Zip	Country	Zìp	Count	ry	8. This corporation owes the current year In		l				
24	25	29	30		Personal Property Tax.		□No				
Name and Address of Current Registered Agent					10. Name and Address of New Registered	Agent					
1010			8	11 Name							
ISICOFF, ERIC D ESQ.				Street A	ddress (P.O. Box Number is Not Acceptable)						
1101 BRICKELL AVENUE											
SUITE 704 MIAMI FL 33131			[1	33							
			-			85 Zip C					
			1	City	FL	85 Zip C _	oue				
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 reconfigure 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 regist											
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.											
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
12.	OFFICERS AND		13.	, <u>,</u>	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	RS IN 12				
TITLE	PD	☐ DELETE	1.1 TITL	E		Change	Addition				
NAME	RIBADENEIRA, DIEGO		1.2 NAM	ε			[
		1.3 STR	EET ADDRESS								
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1.4 CITY	-ST-ZIP								
TITLE	V	☐ DELETE	2.1 TITL	E		☐ Change	☐ Addition				
NAME	RIBADENEIRA, DANIELA		2.2 NAM	E			ļ				
STREET ADDRESS	8033 NW 36 ST. STE. 440		2.3 STR	EET ADDRESS			·				
CITY-ST-ZIP	MIAMI FL		2. 4 C/T	(-ST-ZIP							
TITLE	ST Georgina	☐ DELETE	3.1 TITL	E		☐ Change	☐ Addition				
NAME	MENENDEZ, GEOGORIA		3.2 NAN	E			-				
STREET ADDRESS	8033 NW 36 ST. 440		3.3 STR	EET ADDRESS							
CITY-ST-ZIP	MIAMI FL		3.4. CIT	/-ST-ZIP		_					
TITLE		☐ DELETE	4.1 TITL	E		Change	☐ Addition				
NAME			4. 2 NA	Æ	•						
STREET ADDRESS			4.3 STR	EET ADDRESS		•					
CITY-ST-ZIP			4.4 CITY	-ST-ZIP							
TITLE	-	☐ DELETE	5.1 TITL	E		Change	☐ Addition				
NAME			5.2 NAM	E			1				
STREET ADDRESS			5.3 STR	EET ADDRESS							
CITY-ST-ZIP				-ST-ZIP							
TITLE		☐ DELETE	6.1 TITL	E		Change	☐ Addition				
NAME			6.2 NAM	E							
STREET ADDRESS			6.3 STR	EET ADDRESS							
C/TY-ST-ZIP			6.4 CITY	-ST-ZIP							
	- 416 . Mand the information of an individual	this filing does not suglify	f		in Section 119 07/3\/i\ Elorida Statutes I further ce	wife, that the in	farmation.				

indicated on this annual report or supplies that the information in the exemption stated in Section 1 19.07(3)(1), Florida Statutes. I turther certify that the information indicated on this 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, with all other like empowered.