Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90028 040 ***150.00

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

DOCUMENT # K02716

Corporation MICH	Name AEL ROFFINO, P.A.				
E. MIOU	ALL HOLLING, I W			* 100 (0 10 10 10 10 10 10 10 10 10 10 10 10 10	
Principal Place	e of Business	Mailing Address			
3191 CORAL W	/AY	5221- SW-64-CT			
SUITE 800 MIAMI FL 33145		MIAMI: FL : 3315 5 - US:		DO NOT WRITE IN THIS SPACE	
WILLIAM I C SOIT	y .	-		3. Date Incorporated or Qualifed	
				11/19/1987	
2. Principal Pl	ace of Business	2a. Mailing Address	• • • •	4. FEI Number	Applied For
21			RAL WAY	65-0014623	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	9 4 10	5. Certifcate of Status Desired	\$8.75 Additional
22	<u> </u>	27 SUITE	800 -		
City & State	e ·	City & State	. F/	6. Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees
23	Country	28 // 1/7///	Country		
Zip	Country 25	29 33/4/5	30 U-S	8. This corporation owes the curl Personal Property Tax.	ent year mangible ☐ Yes ☐ No
24	9. Name and Address of Currer		30	10. Name and Address of New I	Registered Agent
	o. Hanc and Hancos or Carro		81 Name		
roffino, L. Michael			82 Street Add		FINO
5221 SW 64 C T			3/9	Address (P.O. Box Number is Not Acceptable)	
MIAI	MI-FL 9915 5	•	83		
			SU	176 000	
		•	Q4 Cibe		. ISSI ZID CODE I
		•	84 City	11AM/	FL 85 Zip Code 33/4/5
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Sta	tutos the above named cor	11AM/ poration submits this statement for the	FL 33/45
affina ar r	anistored agent or both in the State	of Florida, Such change was	tutes, the above-named cor	7 / A M / rporation submits this statement for the tion's board of directors. I hereby acce	FL 33/45
office or r agent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such change was	tutes, the above-named cor	7 / A M / rporation submits this statement for the tion's board of directors. I hereby acce	FL 33/45
office or r agent. I a SIGNATURE	egistered agent, or both, in the State in familiar with, and accept the obligations. Signature, typed or printed name of registered age	of Florida. Such change waations of, Section 607.0505, lent and title if applicable.	tutes, the above-named cors authorized by the corporat Florida Statutes.	red when reinstating)	purpose of changing its registered pt the appointment as registered
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CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I 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 changes, or in an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

DELETE

SIGNATURE:

TITLE

STREET ADDRESS

Change

☐ Addition