

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K69825** (3)

1. Corporation Name

ROFAELO, INCORPORATED



Principal Place of Business

**288 ARAGON
SUITE B
CORAL GABLES FL 33134**

Mailing Address

**288 ARAGON
SUITE B
CORAL GABLES FL 33134**

3. Date Incorporated or Qualified

03/02/1989

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FET Number

65-0110908

Applied For

Not Applicable

22

27

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

24

29

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~**GIL, RODOLFO
633 ALTA AVE
CORAL GABLES FL 33145**~~

**Gil Rodolfo
288 Aragon Ave. st. B
Coral Gables, FL 33134**

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 Sections 607.0502 and 607.1508, 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. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0506, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent or director

Signature typed or printed name of registered agent or director

Date

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

~~**D
GIL, RODOLFO
633 ALTA AVE
CORAL SPRINGS FL**~~

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**Gil Rodolfo
288 Aragon Ave. st. B
Coral Gables, FL 33134**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☐ Addition

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY - ST - ZIP

☐ Change

☐ Addition

2. TITLE

2. NAME

2. STREET ADDRESS

2. CITY - ST - ZIP

☐ Change

☐ Addition

3. TITLE

3. NAME

3. STREET ADDRESS

3. CITY - ST - ZIP

☐ Change

☐ Addition

4. TITLE

4. NAME

4. STREET ADDRESS

4. CITY - ST - ZIP

☐ Change

☐ Addition

5. TITLE

5. NAME

5. STREET ADDRESS

5. CITY - ST - ZIP

☐ Change

☐ Addition

6. TITLE

6. NAME

6. STREET ADDRESS

6. CITY - ST - ZIP

700001865897

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*****200.00**

5/1/92

14. 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. 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 in original or copy attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4127196 (305) 444-7443

CR2E034 (12/95)