FILE NOW: FILING FEE AFTER MAY 1 IS $400.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAY -1 AM 9:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K95444 (1)

1. Corporation Name

ROVIX INCORPORATED

Principal Place of Business	Mailing Address
6517 N ORANGE BLOSSOM TRAIL C/O HECTOR J. MIR ORLANDO FL 32810 US	6517 N ORANGE BLOSSOM TRL ORLANDO FL 32810 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/14/1989
3a. Date of Last Report: 03/25/1994

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 59-2964594 ☐ 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

9. Name and Address of Current Registered Agent

SANCHEZ, LOUIS
6517 NORTH ORANGE BLOSSOM TRAIL
ORLANDO FL 32810

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 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 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPT	TITLE	DPT	☒ Change ☐ Addition
NAME	SANCHEZ, ROBERT A.	NAME	Sanchez, Robert A.	
STREET ADDRESS	224 SWEETBAY LANE	STREET ADDRESS	6517 N. Orange Blossom Trail	
CITY-ST-ZIP	ORLANDO FL	CITY-ST-ZIP	Orlando, FL 32810	
TITLE	DS	TITLE	DVS	☒ Change ☐ Addition
NAME	SANCHEZ, V. L	NAME	Sanchez, Victor L.	
STREET ADDRESS	224 SWEETBAY LANE	STREET ADDRESS	6517 N. Orange Blossom Trail	
CITY-ST-ZIP	ORLANDO FL	CITY-ST-ZIP	Orlando, FL 32810	
TITLE	DVP	TITLE	D	☒ Change ☐ Addition
NAME	SANCHEZ, LOUIS M	NAME	Sanchez, Louis M.	
STREET ADDRESS	6514 N ORANGE BLOSSOM TRAIL	STREET ADDRESS	6517 N. Orange Blossom Trail	
CITY-ST-ZIP	ORLANDO FL	CITY-ST-ZIP	Orlando, FL 32810	
TITLE		TITLE		☐ Change ☐ Addition
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE		TITLE		☐ Change ☐ Addition
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE		TITLE		☐ Change ☐ Addition
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		

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)(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 changed, or on an attachment with an address.

SIGNATURE: [signature] 4/27/95 (407) 298-6268

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #

Robert A. Sanchez

0060170 CP