## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS DOCUMENT # Corporation Name E. ROLAND ENTERPRISES, INC. Principal Place of Business Mailing Address 450 ARTHUR GODFREY RD % LILIANA WIERNY 2742 BISCAYNE BLVD 2742 BISCAYNE BLVD MIAMI BEACH FL 33140 MIAMI FL 33137 3. Date incorporated or Qualified 3a. Date of Last Report 07/31/1989 08/03/1995 2. Principal Place of Business 2a. Mailing Address 4 FEI Number Applied For 21 26 65-0129389 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zio Country $Z_{\rm ID}$ Country 8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes \[ \bigcap \text{No} \] 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name WIERNY, LILIANA 82 Street Address (P.O. Box Number is Not Acceptable) **450 ARTHUR GODFREY RD** MIAMI BEACH FL 33140 83 84 City 85 Zip Code FL 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and their agenticable (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS CR2E034 (12/95) 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1. 1 TILLE Change Addition ROLAND, ENRIQUE NAME 1.2 NAME 450 ARTHUR GODFREY RD STREET ADDRESS 1.3 STREET ADDRESS MIAMI BEACH FL CITY-ST-ZIP 1.4 CHTY - \$1 - ZIP TITLE DELETE 2 1 TITLE Change Addition WIERNY, LILIANA NAME 2.2 NAM8 450 ARTHUR GODFREY RD STREET ADDRESS 2.3 STREET ADDRESS MIAMI BEACH FL CITY-ST-ZIP 24 CITY-ST-ZIP TITLE DELETE 3 1 TIFLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3. STREET ADDRESS CITY - ST - ZIP 3 4 CITY - ST- ZIP TITLE DELETE 4. 1 THILE ☐ Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ACORESS CITY - ST- ZIP 4.4 CITY - ST - ZIP TITLE T1 DELETE 5. 1 TITLE Addition Change NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - \$1 - 2IP TITLE DELETÉ 6 1 THILE Change ☐ Addition NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6 4 CITY - ST - ZIP 14. To 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 appears in Block 12 or Block 13 if characters 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 characters.

531-0130

Daztoio Phone #

SIGNATURE:

E. holders

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR