May 06, 1999 8:00 am Secretary of State

05-06-1999 90180 030 ***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 # L05633

1. Corporation Name

E. ROLAND ENTERPRISES, INC.

Principal Place	e of Business	Mailing Address		1 18811811 811 81118 11118 111 81118 111 811	ישטי וישום וובוף וושום ווצוף וושום ונים,
450 ARTHUR G	ODFREY RD	S. I. II IANA WIERNY			
2742 BISGATINE BLVO LINAMI REACH EL 33140 LINAMI REACH EL 33140				DO NOT WRITE IN THIS SPACE	
Miami Beach! Us	FE 33140	COLAMI PE SSHOT		3. Date Incorporated or Qualifed	
00	•			07/31/1989	
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 450	Arthur Godfren	26 450 HA	prun boothe	65-0129389	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional
22		27			Fee Required
City & Stati	1 : D V	City & State	1 Bonn	6. Election Campaign Financing	\$5.00 May Be Added to Fees
23 MIE		28 // U/ U/ V/	Country	Trust Fund Contribution	
Zip	Country	29 33140	20 9/70/5	 This corporation owes the current year Personal Property Tax. 	Yes No
24 15 17	9. Name and Address of Curren	_ 	30, 4 - 7 - 2	10. Name and Address of New Register	red Agent
			81 Name	****	
WIE	RNY, LILIANA		82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
450 ARTHUR GODFREY RD				ess (r.o. box Number is Not Abbeptable)	
MIAI	MI BEACH FL 33140		83		
	•		84 City		85 Zip Code
1				<u></u> _	F L "
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	es, the above-named corporation	oration submits this statement for the purposion's board of directors. I hereby accept the ap	e of changing its registered opointment as registered
agent. I a	m familiar with, and accept the obligation	ions of, Section 607.0505, Flor	ida Statutes.	of an octors. Thereby about the Eq.	, paris, marija sa sa agresa sa
SIGNATURE					<u> </u>
	Signature, typed or printed name of registered agen		Registered Agent signature required 13.	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	
12,	OFFICERS AN	DELETE	1.1 TITLE	ADDITIONS/STANCES TO OTTIOENS	☐ Change ☐ Addition
TITLE	DP ENDIONE		1.2 NAME		
NAME	ROLAND, ENRIQUE		1.3 STREET ADDRESS		
STREET ADDRESS	450 ARTHUR GODFREY RD		1.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE	MIAMI BEACH FL. DS	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME		_	2.2 NAME		
STREET ADDRESS	Wierny, Liliana 450 Arthur Godfrey RD		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL		2. 4 CITY-ST-ZIP		
TITLE	MINIM CONVILLE	☐ DELETE	3.1 TITLE		Change Addition
NAME i			3.2 NAME		
STREET ADDRESS	'		3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	} \		4. 2 NAME		
STREET ADDRESS	*		4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		——————————————————————————————————————	5.4 CITY-ST-ZIP		Change C Addition
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
CTREET ADDRESS	1		6.3 STREET ADDRESS		

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 copy of 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 open attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: 4

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ENRIQUE "hollithd X

305) 531-0130