


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M26322 (1)			
1. Corporation Name ROBEILEEN CORPORATION			
Principal Place of Business 4675 E. 10TH AVENUE HIALEAH FL 33013		Mailing Address 4675 E. 10TH AVENUE HIALEAH FL 33013-2103	
2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
9. Name and Address of Current Registered Agent GARCIA, ROBERTO 471 WEST 34TH PLACE HIALEAH FL 33012		10. Name and Address of New Registered Agent	
		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		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 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: _____ (NOTE: Registered Agent signature required when reinstating)			
DATE: _____			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11. TITLE NAME STREET ADDRESS CITY - ST - ZIP		11. TITLE 12. NAME 13. STREET ADDRESS 14. CITY - ST - ZIP	
P GARCIA, ROBERTO 471 W. 34TH PLACE HIALEAH FL			
15. TITLE NAME STREET ADDRESS CITY - ST - ZIP		21. TITLE 22. NAME 23. STREET ADDRESS 24. CITY - ST - ZIP	
S GARCIA, ALEJANDRA 471 W. 34TH PLACE HIALEAH FL			
16. TITLE NAME STREET ADDRESS CITY - ST - ZIP		31. TITLE 32. NAME 33. STREET ADDRESS 34. CITY - ST - ZIP	
17. TITLE NAME STREET ADDRESS CITY - ST - ZIP		41. TITLE 42. NAME 43. STREET ADDRESS 44. CITY - ST - ZIP	
18. TITLE NAME STREET ADDRESS CITY - ST - ZIP		51. TITLE 52. NAME 53. STREET ADDRESS 54. CITY - ST - ZIP	
19. TITLE NAME STREET ADDRESS CITY - ST - ZIP		61. TITLE 62. NAME 63. STREET ADDRESS 64. CITY - ST - ZIP	
14. I do 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 changed, or on an attachment with an address.			
SIGNATURE: _____		Date: 3/15/97	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	



CR2E034 (9/96)