FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **M58566** **(4)**

1. Corporation Name

RODELMA, INC.

Principal Place of Business

% RAUL E. VALDER-FAULI
2 S. BISCAYNE BLVD.. 1 BISCYNE TOWER #3400
MIAMI FL 33131-1807

Mailing Address

% RAUL E. VALDER-FAULI
2 S. BISCAYNE BLVD.. 1 BISCYNE TOWER #3400
MIAMI FL 33131-1807

3. Date Incorporated or Qualified: **09/03/1987**

3a. Date of Last Report: **07/18/1995**

4. FEI Number: **65-0030766** ☐ 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. The corporation is/is not liable for intangible tax under s. 199.032, Florida Statutes. ☐ Yes ☒ No

2. Principal Place of Business

21
22 Suite, Apt. #, etc.
23 City & State
24 Zip 25 County

2a. Mailing Address

26
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 County

9. Name and Address of Current Registered Agent

~~VALDES-FAULI, RAUL E~~
~~ONE BISCAYNE TOWER 3400~~
~~1 BISCAYNE TOWER #3400~~
~~MIAMI FL 33131~~

10. Name and Address of New Registered Agent

81 Valdes-Fauli Corporate Services, Inc.
82 Street Address (P.O. Box Number is Not Acceptable) 2 South Biscayne Boulevard, Suite 3400,
83 One Biscayne Tower
84 City Miami FL 85 Zip Code 33131

11. Pursuant to the provisions of Section 607.0505 and 607.1504, 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: Raul Vald 3/15/96
Signature of Registered Agent Date

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	VALDES-FAULI, RAUL E.	
STREET ADDRESS	2 S. BISCAYNE BLVD.	
CITY-ST-ZIP	MIAMI FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change	☐ Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE	☐ Change	☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE	☐ Change	☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE	☐ Change	☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE	☐ Change	☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE	☐ Change	☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

CR2E034 (12/95)

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 attached sheet, with an address.

SIGNATURE: Raul Vald 3/15/96 (305)376-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Raul E. Valdes-Fauli