

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **M63047** (8)

1. Corporation Name

OLGA RODRIGUEZ COMPANY

Principal Place of Business

**11335 W FLAGLER ST
MIAMI FL 33174
US**

Mailing Address

**11335 W. FLAGLER ST
MIAMI FL 33174
US**



2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

11/30/1987

3a. Date of Last Report

04/25/1995

4. FEI Number

NOT APPLICABLE

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

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

Signature typed or printed name of registered agent and the appointor.

Typed Name of Agent Signature (which was verified by the Secretary of State)

Date

12. OFFICERS AND DIRECTORS

TITLE

**PSD
RODRIGUEZ, OLGA
7835 SW 97 CT
MIAMI FL**

☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

**T
RODRIGUEZ, OLGA
7835 SW 97 CT
MIAMI FL**

☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

☐ DELETE

NAME

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

NAME

12. NAME

13. STREET ADDRESS

14. CITY- ST- ZIP

21. TITLE

NAME

22. NAME

23. STREET ADDRESS

24. CITY- ST- ZIP

31. TITLE

NAME

32. NAME

33. STREET ADDRESS

34. CITY- ST- ZIP

41. TITLE

NAME

42. NAME

43. STREET ADDRESS

44. CITY- ST- ZIP

51. TITLE

NAME

52. NAME

53. STREET ADDRESS

54. CITY- ST- ZIP

61. TITLE

NAME

62. NAME

63. STREET ADDRESS

64. 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)(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 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:

Olga Rodriguez President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-28-96 (305) 229-4332
Date Date

CR2E034 (12/95)