FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 MAY -1 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P25909** **(3)**

1. Corporation Name
ROALS INCORPORATED

Principal Place of Business	Mailing Address
%TRIZEL 250 CATALONIA AVE. #305 CORAL GABLES FL 33134	%TRIZEL 250 CATALONIA AVE. #305 CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/28/1989**
3a. Date of Last Report: **06/15/1994**
4. FEI Number: **59-2062644** ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip · 25 Country	29 Zip · 30 Country

9. Name and Address of Current Registered Agent

TO CHIALASTRI
250 CATALONIA AVE., #305
CORAL GABLES FL 33134

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 ______ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	**PD**	11 TITLE	PD — [X] Change ☐ Addition
NAME	**SMITH, ROSA DE**	12 NAME	Smith, Rosa De
STREET ADDRESS	**7855 S.W. 104TH STREET**	13 STREET ADDRESS	250 Catalonia Ave Suite 305
CITY-ST-ZIP	**MIAMI FL**	14 CITY-ST-ZIP	Coral Gables, Fl 33134
TITLE	**STD**	21 TITLE	STD — [X] Change ☐ Addition
NAME	**SMITH RIVERA, ANNA G.**	22 NAME	Smith Rivera, Anna G.
STREET ADDRESS	**7855 S.W. 104TH STREET**	23 STREET ADDRESS	250 Catalonia Ave. Suite 305
CITY-ST-ZIP	**MIAMI FL**	24 CITY-ST-ZIP	Coral Gables, Fl 33134
TITLE	**D**	31 TITLE	D — [X] Change ☐ Addition
NAME	**SMITH RIVERA, JACLYN C.**	32 NAME	Weidenbaum, Jaclyn C.
STREET ADDRESS	**7855 S.W. 104TH STREET**	33 STREET ADDRESS	250 Catalonia Ave. Suite 305
CITY-ST-ZIP	**MIAMI FL**	34 CITY-ST-ZIP	Coral Gables, Florida 33134
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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)(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 the 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: ______
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR · Date · Daytime Phone #

0137811 CP