SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT \*CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

FILFD

1996 DOCUMENT # P92000003802 (5) SECRETARY OF STATE ROD INTERNATIONAL INDUSTRIES, INC. TALLAHASSEE, FL Principal Place of Business Mailing Address 12879 N.E. 14TH AVE. 12079 N.E. 14TH AVE. NORTH MIAMI FL 33161 NORTH MIAMI FL 33161 3. Date Incorporated or Qualified 3a. Date of Last Report 11/12/1992 08/10/1995 2. Principal Place of Business 2a. Mailing Address 4, FEI Number Applied For 21 65-0368860 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032. 24 25 29 30 Florida Statutes Yes 🔽 No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ALMAN, MARTIN H 17064 WEST DIXIE HWY 82 Street Address (P.O. Box Number is Not Acceptable) NO. MIAMI BEACH FL 33160 83 City 84 85 Zip Code 1. 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 title if applicable (NOTE: Registered Agent signature required when reinstating) 12 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE PDS DELETE 11 TITLE Change Addition NAME RADUANO, GEORGE R 1.2 NAME STREET ADDRESS 12879 N.E. 14TH AVE. 1.3 STREET ADDRESS CITY - ST - ZIP NORTH MIAMI FL 33161 1.4 CITY - ST-ZIP THEF DELETE mwB 9-13-96 2.1 T/ILE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIF 2.4 CITY-ST-ZIP 7171.8 DELETE \$1 TITLE " Change Addition NAME 3.2 NAME STHEET ADDRESS 3 3 STREET ADDRESS CHY-S\*-7IP 3.4. CITY - ST - ZIP TITLE DELETE 4.1 TITLE NAME 4.2 NAME -10/15/96--01227--022 STREET ADDRESS 4.3 STREET ADDRESS \*\*\*\*225.00 \*\*\*\*225.00 OTY-\$1-7.6 4.4 CITY - ST - ZIP THE DELETE 5.1 TITLE Change Addition 5.2 NAME STREET ACCORESS 5.3 STREET ADDRESS CiTY - ST - ZIP 54 CITY-ST-ZIP THEE DELETE 61 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** 

14. I do hereby certify that the information emplied 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 policated on this annual reper or supplemental amount 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 eclipsed in or the eclipsed in the engage of the eclipsed in a statutes in the execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

6.4 CITY - ST- ZIP

SIGNATURE:

CITY - ST - ZIP

(96K)

**CR2E034**