

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

MAY 1 1995

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000008029 (0)

1. Corporate Name:

ROKOV ENTERPRISES, INC.

Principal Place of Business 8910 MIRAMAR PKWY STE 212 MIRAMAR FL 33025 US	Mailing Address P.O. BOX 541233 OPALOCKA FL 33054	
2. Principal Place of Business 21 Suite Apt. # 06	2a. Mailing Address 26 Suite Apt. # 06	
22 City & State 23 Orlando FL 32819	27 City & State 28 Orlando FL 32819	
24 [] County 25	Zip 29	County 30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/25/1992	3a. Date of Last Report 04/21/1994
4. FEI Number 65-0387426	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under § 199.001. Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent GAFARU, SOLA 9910 RIVER RUN CIRCLE SOUTH MIRAMAR FL 33025	10. Name and Address of New Registered Agent
61 Name SOLA, GAFARU	62 Street Address (P.O. Box Number Is Not Acceptable)
63 64 City FL	65 Zip Code 32819

11. Pursuant to the provisions of Sections 607(6)(a) and 607(15)(B), 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(6)(a), Florida Statutes.

SIGNATURE

12. OFFICE, PO. AND DIRECTOR'S	13. ADDITIONAL CHANGES TO OFFICE, PO. AND DIRECTOR'S IN 12
D NAME SOLA, GAFARU 8910 MIRAMAR PKWY #212 MIRAMAR FL	1. NAME 2. ADDRESS 3. CITY 4. ZIP
NAME SOLA, GAFARU 8910 MIRAMAR PKWY #212 MIRAMAR FL	5. NAME 6. ADDRESS 7. CITY 8. ZIP
NAME SOLA, GAFARU 8910 MIRAMAR PKWY #212 MIRAMAR FL	9. NAME 10. ADDRESS 11. CITY 12. ZIP
NAME SOLA, GAFARU 8910 MIRAMAR PKWY #212 MIRAMAR FL	13. NAME 14. ADDRESS 15. CITY 16. ZIP
NAME SOLA, GAFARU 8910 MIRAMAR PKWY #212 MIRAMAR FL	17. NAME 18. ADDRESS 19. CITY 20. ZIP
NAME SOLA, GAFARU 8910 MIRAMAR PKWY #212 MIRAMAR FL	21. NAME 22. ADDRESS 23. CITY 24. ZIP
NAME SOLA, GAFARU 8910 MIRAMAR PKWY #212 MIRAMAR FL	25. NAME 26. ADDRESS 27. CITY 28. ZIP
NAME SOLA, GAFARU 8910 MIRAMAR PKWY #212 MIRAMAR FL	29. NAME 30. ADDRESS 31. CITY 32. ZIP

14. I declare, under penalty of perjury, that the information supplied with this filing is voluntarily furnished and true and correct to the best of my knowledge and belief, in accordance with the provisions of Chapter 119, Florida Statutes. I further certify that the information contained in the annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if it were handwritten, that I am an officer or director of the corporation or the minor or holder empowered to execute this paper as required by Chapter 607, Florida Statutes, and that my name appears at Block 12 of Block 1 of this instrument or on an affidavit filed with this office.

SIGNATURE:

Sola Gafarua

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/95 385-431-2211