

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 11 PM 2:30

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P92000009412 (7)

1. Corporation Name

ROCHA STORE CORP.

Principal Place of Business

**140-B SE 1ST AVENUE
MIAMI FL 33131**

Mailing Address

**140-B SE 1ST AVENUE
MIAMI FL 33131**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/03/1992

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0373297

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

121 SE 1ST STREET

2a. Mailing Address

121 SE 1ST STREET

Suite, Apt. #, etc.

1001

Suite, Apt. #, etc.

1001

City & State

MIAMI - FL

City & State

MIAMI - FL

Zip

33055

Country

USA

Zip

33055

Country

USA

9. Name and Address of Current Registered Agent

**DE ROCHA, MARCIO
140-B SE 1ST AVENUE
MIAMI FL 33131**

10. Name and Address of New Registered Agent

81. Name

DA ROCHA, MARCIO

82. Street Address (P.O. Box Number is Not Acceptable)

121 SE 1ST STREET, SUITE 1001

83.

MIAMI

84. City

FL

85. Zip Code

33131

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]

MARCIO DA ROCHA, PRESIDENT

04-07-95

Signature typed or printed name of registered agent and the corporation

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DPT
NAME	DE ROCHA, MARCIO
STREET ADDRESS	780 NE 69TH STREET, 505
CITY ST ZIP	MIAMI FL
TITLE	DVPS
NAME	DARROCHA, SUELI
STREET ADDRESS	780 NE 69TH STREET, 505
CITY ST ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DPT	☒ Change ☐ Addition
1.2 NAME	DA ROCHA, MARCIO	
1.3 STREET ADDRESS	5560 NW 200 STREET	
1.4 CITY ST ZIP	MIAMI - FL - 33055	
2.1 TITLE	DVPS	☒ Change ☐ Addition
2.2 NAME	DA ROCHA, SUELI	
2.3 STREET ADDRESS	5560 NW 200 STREET	
2.4 CITY ST ZIP	MIAMI - FL - 33055	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY ST ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY ST ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY ST ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 110.07(3)(b), 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 person or persons authorized 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 my address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCIO DA ROCHA

(Date)

(Signature Printed)

04-07-95 (305) 373-2706