FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000013807 (1)

RALPH ROCHETEAU & ASSOCIATES, INC.

Principal Place of Business Mailing Address 5757 NW 11TH STREET 5757 NW 11TH STREET SUITE 160 SUITE 160 DO NOT WRITE IN THIS SPACE MIAMI FL 33126 MIAMI FL 33126 3. Date Incorporated or Qualified 02/17/1993 2. Principal Place of Business Applied For 2a. Mailing Address 4. FEI Number 65-0523556 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zφ Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent R1 Name ROCHETEAU, RALPH 5757 NW 11TH STREET 62 Street Address (P.O. Box Number is Not Acceptable) SUFFE 160 83 **MIAMI FL 33128** 84 Zip Code 85 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 preside name of registered agent and title it applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE TITLE 1.1 TITLE Change ROCHETEAU, RALPH NAME 1.2 NAME 5757 NW 11 STREET #160 STREET ADDRESS 1.3 STREET ADDRESS

MIAMI FL 33126 CITY-SI-ZIP 1.4 CITY-ST-ZIP Addition DELETE 2.1 TOTLE TITLE REASURER NAME 22 NAME #6 2.3 STREET ADDRESS STREET ADORESS 2.4 CITY-ST-ZIP CITY-\$1-ZIP DELETE 3.1 TITLE ☐ Change ☐ Addition TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIF DELETE Change Addition THILE 4.1 THILE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-2IP CITY - ST - ZIP DELETE Addition TITLE 5 1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP Change TITLE DELETE 6.1 TITLE Addition NAME 62 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP

14. Thereby certify that the information supplied with this filing 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 this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if chapped are no an attachment with an address.

SIGNATURE:

21 April

BR.1 98 20

262-808 2 Daytime Florio #

FILED

Apr 27 1998 8:00am

Secretary of State

0172407