

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000031545** ✓

1. Corporation Name

RODOVIAS INTERNATIONAL, INC.

Principal Place of Business

11740 N.W. 2 DRIVE
CORAL SPRINGS FL 33071

Mailing Address

5721 RIVERSIDE DR
106
CORAL SPRINGS FL 33062
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/30/1993

4. FEI Number

65-0410760

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 owes the current year
Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business

21 **4769 NW 72 Ave**

Suite, Apt. #, etc.

22 **Suite A**

City & State

23 **MIAMI FL**

Zip

24 **33166**

Country

25 **Miami-Dade**

2a. Mailing Address

26 **5741 Riverside Dr**

Suite, Apt. #, etc.

27 **#104**

City & State

28 **Coral Springs FL**

Zip

29 **33067**

Country

30 **Broward**

9. Name and Address of Current Registered Agent

BETANCOURT, CARLOS
5721 RIVERSIDE DR
APT 106
CORAL SPRINGS FL 33067

10. Name and Address of New Registered Agent

81 Name

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

5721 Riverside Dr Apt 104

83

84 City

Coral Springs

FL

85 Zip Code

33067

11. Pursuant to the provisions of sections 607.0602 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 based on position of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

08/16/99

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **BETANCOURT, CARLOS**
STREET ADDRESS **5721 RIVERSIDE DR., APT 106**
CITY-ST-ZIP **CORAL SPRINGS FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **Betancourt, carlos**
1.3 STREET ADDRESS **5721 Riverside Dr. Apt 104**
1.4 CITY-ST-ZIP **Coral Springs FL 33067**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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 hereby 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **[Signature]**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

08/16/99

CR2E034 (5/99)

FILED
Aug 19, 1999 8:00 am
Secretary of State

08-19-1999 90001 029 ***550.00

