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

PROFIT CORPORATION ANNUAL REPORT

1997

NAME

STREET ADDRESS

14. I do hereby certify that the infor information indicated on this an I am an officer or director of the

appears in Block 12 or Block



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000037825 (5)

ROBERT'S LOCKSMITH CORP.

Mailing Address Principal Place of Business 9004 SW 97 AVE. APT. 5 9004 SW 97 AVE. APT. 5 MIAMI FL 33176-1945 MIAMI FL 33176 3a. Date of Last Report 02/07/1996 3. Date Incorporated or Qualified 05/21/1993 4. FEI Number Applied For 2. Principal Prace of Business 2a. Mailing Address 65-0413564 Not Applicable 21 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc 5. Certificate of Status Desired Fee Required 27 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing Trust Fund Contribution dded to Fees 28 23 Country Country 8. This corporation has liability for intangible tex under s. 199.032, Z(p)Yes Ma No Florida Statutes 30 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent R1 Name SANCHEZ, NORBERTO 9004 SW 97TH AVE. Street Address (P.O. Box Number is Not Acceptable) 62 APT. 5 83 MIAMI FL 33176 84 Zip Code City 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. Lans familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. S!GNATURE Signature: 6) or for printed name of registerics age it and title diapplicable DATE (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Change Addition DELETE 1.1 TITLE TITLE SANCHEZ, NORBERTO 1.2 NAME NAME 9004 SW 97TH AVE. APT. 5 1.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33176** 1.4 CITY - ST - ZIP CHY-SI-ZIP VICE-PRESIDENTE BANCHEZ **VPS** Addition DELETE 2.1 TITL€ THE SNACHEZ DEL, ROSARIO C 2.2 NAME NAME 9004 3. W. 97th Ave. \$5 miami, F1 33176 9004 S.W. 97TH AVE., #5 2.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33176** 2. 4 CITY - ST - 7#P CITY - ST - ZIE DELETE Change Addition 3.1 TITLE TITLE NAME 32 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. City-St-ZiP CITY-ST ZIP Change Addition DELETE 4.1 TITLE THLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY - ST. ZIF Change ■ Addition DELETE 5.1 TITLE THE 5.2 NAME NAM: 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP City - \$1 - ZIP Change Addition DELETE 61 TITLE THLE

62 NAME

chment with an address

NING OFFICER OF DIRECTOR

supplied with this fil

port or supplement oration or the receive 6.3 STREET ADDRESS

does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

Daytime Phone #

6.4 CITY - ST - ZIP

FILED
Jan 28 1997 8:00am
Secretary of State

