FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 APR 27 PM 12:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000082170 (0)

1. Corporation Name
RODRIGUEZ CORPORATION

Principal Place of Business
1300 S.W. ~~102ND AVENUE~~
APT. 120
MIAMI FL

Mailing Address
1300 S.W. ~~102ND AVENUE~~
APT. 120
MIAMI FL

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/01/1993
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0454648 — Applied For / Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 1300 S.W. 122ND AVE.	26 1300 S.W. 122ND AVE.
22 Suite, Apt. #, etc. 120	27 Suite, Apt. #, etc. 120
23 City & State MIAMI, FL.	28 City & State MIAMI, FL.
24 Zip 33184 / 25 Country	29 Zip 33184 / 30 Country

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

9. Name and Address of Current Registered Agent
FIGUEROA, GLORIMAR
1300 S.W. 122ND AVE.
MIAMI FL

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FIGUEROA, GLORIMAR
STREET ADDRESS	P.O. BOX 650751 N/A
CITY ST ZIP	MIAMI FL
TITLE	SD
NAME	PALACIOS, GRACIELA
STREET ADDRESS	P.O. BOX 650751 N/A
CITY ST ZIP	MIAMI FL
TITLE	VTD
NAME	RODRIGUEZ, LUIS M
STREET ADDRESS	P.O. BOX 650751 N/A
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	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY ST ZIP		
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 do hereby certify that the information supplied with this filing is voluntarily furnished and 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: LUIS RODRIGUEZ-DIRECTOR — 4/18/95 — (305)5539313
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0201645 CP