

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Office of Secretary
Secretary of State
DIVISION OF CORPORATIONS

APPROVED

95 MAY 11 10:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000004712 (3)**

1. Corporation Name
ROLANDO SOMARRIBA D.O.S. INC.

Principal Place of Business: **10404 WEST FLAGLER ST. #8 MIAMI FL 33174**
Mailing Address: **10404 WEST FLAGLER ST. #8 MIAMI FL 33174**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/20/1994**
3a. Date of Last Report

2. Principal Place of Business: **21**
2a. Mailing Address: **25**

4. FFI Number: **65-0465512**
Applied For:
Not Applicable:

22. State Apt # etc: **27**

5. Certificate of Status Desired:
\$8.75 Additional Fee Required

23. City & State: **28**

6. Election Campaign Financing:
Trust Fund Contribution:
\$5.00 May Be Added to Fees

24. **25** **29** **30**

8. This corporation has failed to comply with the provisions of Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SOMARRIBA, ROLANDO
10404 WEST FLAGLER ST.
#8
MIAMI FL 33174**

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 607.01(2) 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 607.01(2), Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

TITLE	PD
NAME	SOMARRIBA, ROLANDO
STREET ADDRESS	10404 W. FLAGLER ST.
CITY, ST, ZIP	MIAMI FL 33174
TITLE	VD
NAME	SOMARRIBA, BLANCA
STREET ADDRESS	10404 W. FLAGLER ST.
CITY, ST, ZIP	MIAMI FL 33174
TITLE	TD
NAME	SOMARRIBA, LAURA
STREET ADDRESS	10404 W. FLAGLER ST.
CITY, ST, ZIP	MIAMI FL 33174
TITLE	SD
NAME	SOMARRIBA, ROXANA
STREET ADDRESS	10404 W. FLAGLER ST.
CITY, ST, ZIP	MIAMI FL 33174
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1. NAME	
1. STREET ADDRESS	
1. CITY, ST, ZIP	
2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
2. STREET ADDRESS	
2. CITY, ST, ZIP	
3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. NAME	
3. STREET ADDRESS	
3. CITY, ST, ZIP	
4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. NAME	
4. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. NAME	
5. STREET ADDRESS	
5. CITY, ST, ZIP	
6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
6. STREET ADDRESS	
6. 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)(g), Florida Statutes. I further certify that the information included 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 appointed to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attached form with an address.

SIGNATURE: *Rolando Somarriba*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-26-95 (305) 552-8011