

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

FILED  
Mar 19 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P94000014946 (5)  
1. Corporation Name  
ROLLER STAR CORPORATION

Principal Place of Business  
1943 WEST MCNAB ROAD  
POMPANO BEACH FL 33069

Mailing Address  
1943 WEST MCNAB ROAD  
POMPANO BEACH FL 33069

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/23/1994

4. FEI Number

65-0470028

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 or has paid the current year Intangible  
Personal Property Tax due June 30.



Yes

No

2. Principal Place of Business

21 6351 NW 28TH WAY  
Suite, Apt. #, etc.

22 SUITE C

City & State

23 FT LAUDERDALE, FLORIDA

24 33309

Country

25 USA

2a. Mailing Address

26 6351 NW 28TH WAY  
Suite, Apt. #, etc.

27 SUITE C

City & State

28 FT LAUDERDALE, FLORIDA

29 33309

Country

30 USA

9. Name and Address of Current Registered Agent

CECCOFILLO, DAVID  
5484 NE 3 TERRACE  
FT LAUDERDALE FL 33334

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 P ☐ DELETE

NAME OTI RUIZ, JAMIE  
STREET ADDRESS CALLE MANISES, 1  
CITY-ST-ZIP 76970 ALACUAS VALENCIA SPAIN

TITLE ST ☐ DELETE

NAME OTI RUIZ, FRANCISCO  
STREET ADDRESS AV GENOVES, 24-9  
CITY-ST-ZIP 76970 ALACUAS VALENCIA SPAIN

TITLE D ☐ DELETE

NAME OTI RUIZ, FRANCISCO  
STREET ADDRESS CALLE MANISES, 3  
CITY-ST-ZIP 76970 ALACUAS VALENCIA SPAIN

TITLE D ☐ DELETE

NAME MORAGUES, BERNARDO  
STREET ADDRESS CALLE MANISES, 5  
CITY-ST-ZIP 76970 ALACUAS VALENCIA SPAIN

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

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 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 my address.

SIGNATURE: X

CR2034 (10/97)