

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P94000020714 (9)

1. Corporation Name

RODA CORPORATION

Principal Place of Business

19477 NE 10TH AVENUE  
COMPLEX 1-102  
N. MIAMI BEACH FL 33179

Mailing Address

19477 NE 10TH AVENUE  
COMPLEX 1-102  
N. MIAMI BEACH FL 33179



3. Date Incorporated or Qualified

03/14/1994

3a. Date of Last Report

04/21/1995

4. FEI Number

65-0479610

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 has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21 208 NE 152 ST.

26 208 NE 152 ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 1

27 SUITE 1

City & State

City & State

23 N.M.B. FL

28 N.M.B. FL

Zip

Country

Zip

Country

24 33162

25

29 33162

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RODRIGUEZ, FERNANDO  
19477 NE 10TH AVENUE  
COMPLEX 1-102  
N. MIAMI BEACH FL 33179

81 Name

HOM, DAVID

82

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

208 NE 152 ST.

83

84

City N. MIA. BCH.

FL

85

Zip Code 33162

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

David Hom PRESIDENT

(Signature typed or printed name of registered agent and title in application)

(NOTE: Registered Agent signature required when transferring)

DATE

1-31-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME D  
19477 NE 10TH AVENUE  
N. MIAMI BEACH FL 33179

1.1 TITLE ☒ Change ☐ Addition

TITLE ☒ DELETE

NAME D  
19477 NE 10TH AVENUE  
N. MIAMI BEACH FL 33179

12 NAME

TITLE ☐ DELETE

NAME D  
19477 NE 10TH AVENUE  
N. MIAMI BEACH FL 33179

13 STREET ADDRESS 208 NE 152 ST.

TITLE ☐ DELETE

NAME D  
19477 NE 10TH AVENUE  
N. MIAMI BEACH FL 33179

14 CITY-ST-ZIP N. MIAMI BEACH, FL 33162

TITLE ☐ DELETE

NAME D  
19477 NE 10TH AVENUE  
N. MIAMI BEACH FL 33179

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME D  
19477 NE 10TH AVENUE  
N. MIAMI BEACH FL 33179

2.2 NAME

TITLE ☐ DELETE

NAME D  
19477 NE 10TH AVENUE  
N. MIAMI BEACH FL 33179

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)(k), 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:

David Hom DAVID HOM PRES.

1-31-96

(305) 366-3573

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)