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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000025396 (0)

1. Corporation Name

ROTEXPORT TRADING COMPANY



Principal Place of Business

806 CIPRESS GROVE LANE
209
POMPANO BEACH FL 33069

Mailing Address

806 CIPRESS GROVE LANE
209
POMPANO BEACH FL 33069

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

REGISTERED AGENT SERVICES CORPORATION
444 BRICKELL AVE.
SUITE 300
MIAMI FL 33131

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 (if applicable)

(If Officer, Registered Agent signature required when renouncing)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PD

☐ DELETE

1.1 TITLE

☐ Change

☐ Addition

NAME

ROTUNDO, ALEJANDRO

STREET ADDRESS

806 CIPRESS GROVE LANE

CITY- ST- ZIP

POMPANO BEACH FL 33069

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

TITLE

VD

☐ DELETE

2.1 TITLE

☐ Change

☐ Addition

NAME

ROTUNDO, ISBELIA

STREET ADDRESS

806 CIPRESS GROVE LANE

CITY- ST- ZIP

POMPANO BEACH FL 33069

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

TITLE

☐ DELETE

3.1 TITLE

☐ Change

☐ Addition

NAME

STREET ADDRESS

CITY- ST- ZIP

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

TITLE

☐ DELETE

4.1 TITLE

☐ Change

☐ Addition

NAME

STREET ADDRESS

CITY- ST- ZIP

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

TITLE

☐ DELETE

5.1 TITLE

☐ Change

☐ Addition

NAME

STREET ADDRESS

CITY- ST- ZIP

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

TITLE

☐ DELETE

6.1 TITLE

☐ Change

☐ Addition

NAME

STREET ADDRESS

CITY- ST- ZIP

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 as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROTUNDO ALEJANDRO

04/04/96

454 969 9982

CR2E034 (12/95)