

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Barbara B. Matthews
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 PM 2:07

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P94000030461 (5)

1. Corporation Name

RODRIGUEZ FAMILY CORPORATION

Principal Place of Business

**13252 N.W. 1ST LANE
MIAMI FL 33182**

Mailing Address

**13252 N.W. 1ST LANE
MIAMI FL 33182**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/20/1994

3a. Date of Last Report

4. FEI Number

65-0486099

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. 190.012
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

Suite, Apt. #, etc.

22. City & State

City & State

23. Zip

Country

24. Zip

Country

9. Name and Address of Current Registered Agent

**RODRIGUEZ, MARIA L
13252 N.W. 1ST LANE
MIAMI FL 33182**

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 of Registered Agent or Director, if applicable)

(Signature of Registered Agent or Director, if applicable)

(Signature of Registered Agent or Director, if applicable)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	RODRIGUEZ, MARIA L
STREET ADDRESS	13252 N.W.1 ST LANE
CITY, ST, ZIP	MIAMI FL 33182
TITLE	SD
NAME	RODRIGUEZ, MIGUEL B
STREET ADDRESS	13252 N.W.1 ST LANE
CITY, ST, ZIP	MIAMI FL 33182
TITLE	TD
NAME	RODRIGUEZ, DOLORES M
STREET ADDRESS	2899 COLLINS AVE. #1112
CITY, ST, ZIP	MIAMI BEACH FL 33140
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

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 110.01(2)(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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOLORES M. RODRIGUEZ TD

4-22-95

Date

227-6411

Telephone