5-13.98 B 7212 C FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

May 13 1998 8:00am

Secretary of State

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Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P94000032058 (7)

ROCKWEST, INC.

Principal Place of Business	Mailing Address					: 4 100(100) the lake grave agent abus agent gards for) (384) 48 484 8 4)	IOF 1011 TB01
245 S.E. 1ST STREET SUITE 300 MIAMI FL 33131	245 S.E. 1ST STREET SUITE 300 MIAMI FL 33131	SUITE 300			-	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified		
						04/27/1994		
2. Principal Place of Business	2a. Mailing Address					4. FEI Number	Ar	oplied For
21	26	26				65-0485293		ot Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75	
22	27	4.				s, commune of oracle boards	Fee Re	
City & State		City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
23	[28]					Trust Fund Contribution		•
Zip Country	—		Country 30			This corporation owes or has paid the cur Personal Property Tax due June 30.		angible No
24 25 Name and Address	29 29 See of Current Registered Agent	30				10. Name and Address of New Registered Agent		
KOHLI, PRAMINDER			81	Nan				
6039 COLLINS AVE STE	020	ļ				(D.C. Deviklers in New Assessments)		
MIAMI BEACH FL 33140	0 20	82 Str			eet Addres	s (P.O. Box Number is Not Acceptable)		
Miranii Beroii i e oo i vo		ļ	83					
		ŀ	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.								ts registered registered
SIGNATURE								
	of registered agent and little if applicable (I FICERS AND DIRECTORS	NOTE Registered	Ager	nt signa	ature required		DIDECTOR	0C IKI 10
TITLE DPI	DELETE	13. 1.1 Jul	ı F			ADDITIONS/CHANGES TO OFFICERS AND	Change	Addition
NAME KOHLI, PRAMINDE	-	1.2 NA						
STREET ADDRESS 245 S.E. 1ST STRE		1.3 STREET ADDRE		ADDDE	cc			
CITY-ST-ZIP MIAMI FL 33131	LE1,5011E 500	1.4 CITY-ST-ZIP			33			ļ
TITLE	DELETE	2 1 TIT		I-ZIF			Change	Addition
NAME		2.2 NA						
STREET ADDRESS			2.3 STREET ADDRESS		ss			
CITY-ST-ZIP		2 4 CITY - ST - ZIP						
TITLE	DELETE		3.1 TATLE				Change	Addition
NAME		3.2 NAME						
STREET ADDRESS		3.3 STREET ADDRESS		ss				
CITY-ST-ZIP		3.4. CITY-						
TITLE	DELETE	4.1 TIT					Change	Addition
NAME		4. 2 NA		NAME				
STREET ADDRESS		4.3 STF	REET A	ADDRES	ss			
CITY-\$1-2IP		4.4 CIT	Y - ST	<u> 1- ZIP</u>				
TITLE	DELETE 5.1			5.1 TITLE			☐ Change	☐ Addition
NAME		5.2 NA	5.2 NAME					
STREET ADDRESS		5.3 STF	REET	ADDRES	s s			
CITY-ST-ZIP		5.4 CIT	Y - ST	T-ZIP				
TITLE	☐ DELETE	6.1 TiT	LE				☐ Change	Addition
NAME		6.2 NAI	ME					
STREET ADDRESS		6.3 STF	REET	ADDRES	SS			
CITY-ST-ZIP		6.4 CIT						
indicated on this annual report or officer or director of the perporation	n supplied with this filing does not qualit supplemental armual report is true and in or the receiver of trustee empowered or on an attachment with an address.	y for the exe accurate and to execute th	mpt tha nis r	on st at my report	tated in Se signature Las requir	ection 119.07(3)(i), Florida Statutes. I further of shall have the same legal effect as if made un ed by Chapter 607, Florida Statutes; and that r	mity that the der oath; tha ny name ap	e information (at I am an pears in