

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90086 045 \*\*\*150.00

DOCUMENT # **P94000047654**

1. Corporation Name  
**ROCKAWAY ENTERPRISES, INC.**

Principal Place of Business  
700 S.W. 36TH AVENUE  
MIAMI FL 33131

Mailing Address  
700 S.W. 36TH AVENUE  
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**06/27/1994**

4. FEI Number

**65-0557083**

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business  
21 3663 S.W. 8th Street

2a. Mailing Address  
26 3663 S.W. 8th Street

Suite, Apt. #, etc.  
22 Third Floor

Suite, Apt. #, etc.  
27 Third Floor

City & State

City & State

23 MIAMI FL

28 MIAMI FL

Zip  
24 33135

Country  
25 USA

Zip  
29 33135

Country  
30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VALLS, FELIPE A.  
700 SW 36TH AVE  
MIAMI FL 33135

81 Name  
VALLS, FELIPE A.

82 Street Address (P.O. Box Number is Not Acceptable)  
3663 S.W. 8th Street Third Floor

83

84 City  
MIAMI

FL 85 Zip Code  
33135

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE  
NAME VALLS, FELIPE A SR  
STREET ADDRESS 700 S.W. 36TH AVENUE  
CITY-ST-ZIP MIAMI FL

1.1 TITLE P ☒ Change ☐ Addition  
1.2 NAME VALLS, FELIPE A. SR.  
1.3 STREET ADDRESS 3663 S.W. 8th Street Third Floor  
1.4 CITY-ST-ZIP Miami, FL 33135

TITLE S ☐ DELETE  
NAME FALCON, OSCAR  
STREET ADDRESS 700 SW 36TH AVE  
CITY-ST-ZIP MIAMI FL

2.1 TITLE S ☒ Change ☐ Addition  
2.2 NAME FALCON, OSCAR  
2.3 STREET ADDRESS 3663 S.W. 8th Street Third Floor  
2.4 CITY-ST-ZIP Miami, FL 33135

TITLE VP ☐ DELETE  
NAME VALLS, FELIPE A. JR  
STREET ADDRESS 700 SW 36TH AVE  
CITY-ST-ZIP MIAMI FL

3.1 TITLE VP ☒ Change ☐ Addition  
3.2 NAME VALLS, FELIPE A. JR.  
3.3 STREET ADDRESS 3663 S.W. 8th Street Third Floor  
3.4 CITY-ST-ZIP Miami, FL 33135

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
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 an address, with all other like empowered.

SIGNATURE:

V.P. FELIPE A. VALLS, JR

2/1/99

(305) 446-4916

Date

Daytime Phone #

CR2E034 (11/98)

0200570