

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

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**Apr 28 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

**DOCUMENT # P94000092258 (0)**

1. Corporation Name  
**RODRIGUEZ & RODRIGUEZ P.A.**



Principal Place of Business  
**4521 PGA BLVD.  
PALM BEACH GARDENS FL 33418**

Mailing Address  
**4521 PGA BLVD.  
~~SUITE 211~~  
PALM BEACH GARDENS FL 33418-3867  
US**

3. Date Incorporated or Qualified **01/01/1995**      3a. Date of Last Report **02/08/1996**

4. FEI Number **65-0541413**      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

21 **8895 N. Military Trail**      2a. Mailing Address

22 Suite, Apt. #, etc. **202D**      27 Suite, Apt. #, etc. **#211**

23 City & State **Palm Beach Gds, FL**      28 City & State

24 Zip **33410**      25 Country **USA**      29 Zip      30 Country

9. Name and Address of Current Registered Agent

**CORPORATE CREATIONS ENTERPRISES INC.  
4521 PGA BLVD. STE. 211  
PALM BEACH GARDENS FL 33418**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable) **4521 PGA BLVD #211**

83

84 City **Palm Beach Gardens**      85 Zip Code **FL 33418**

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: *Frank Rodriguez*      **Frank Rodriguez**      **4/21/97**

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered agent's signature required when reinstating)      DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>DP</b>	<input type="checkbox"/> DELETE
NAME	<b>RODRIGUEZ, FRANK A</b>	
STREET ADDRESS	<b>C/O 4521 PGA BLVD. STE. 211</b>	
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL</b>	
TITLE	<b>DVP</b>	<input type="checkbox"/> DELETE
NAME	<b>RODRIGUEZ, JOHNNY C</b>	
STREET ADDRESS	<b>C/O 4521 PGA BLVD. STE. 211</b>	
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> DELETE
NAME	<b>HALL, KELLYN A</b>	
STREET ADDRESS	<b>C/O 4521 PGA BOULEVARD SUITE 211</b>	
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>#211</b>
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>#211</b>
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	<b>#211</b>
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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.

SIGNATURE: *Frank Rodriguez*      **Frank Rodriguez**      **4/21/97**      **(561) 775-9980**

Signature and typed or printed name of signing officer or director      Date      Daytime Phone #

CR2E034 (9/96)