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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

DIVISION OF CORPORATIONS P95000000592 (2) **DOCUMENT #** ROJO MOLD, CORP. Principal Place of Business Mailing Address 14903 S.W. BOTH ST. 14903 S.W. BOTH ST. #206 #206 MIAMI FL 33193 MIAMI FL 33193 3. Date Incorporated or Qualified 3a. Date of Last Report 01/04/1995 Applied For 2a. Mailing Address 2. Principal Place of Business Not Applicable 26 21 \$8,75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 City & State 6. Election Campaign Financing \$5.00 May Be City & State Trust Fund Contribution Added to Fees 28 23 B. This corporation has liability for intangible tax under s 199.032, Zφ Country Country Zin Yes No Florida Statutes 30 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) ROMAN, RODRIGO R 14903 S.W. 80TH ST. 83 #206 **MIAMI FL 33193** City Zip Code 64 85 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. Stignature, typied on printe diname of registered agent and time diapplicable. (NOTE: Registered Agent signature required when reinstating) (12/95)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. Change Addition DELETE 1 1 THLE 1016 n CR2E034 12 NAME ROMAN, RODRIGO R NAME 1.3 STREET ADDRESS 14903 S.W. 80TH ST. #206 STREET ADDRESS MIAMI FL 33193 1.4 CITY - \$1 - ZIP OTY-ST Z.P Addition ☐ Change DELETE 2. 1 TITLE 11.11 2.2 NAME NAME 2 3 STREET ADDRESS STREET ADDRESS 24 CITY-SI-ZIP City - ST- ZiP DELETE ☐ Change ☐ Addition 3 1 117LE THUE 32 NAME NAM-3.3 STREET ADDRESS STREET ADDRESS 3 4 CITY - ST - ZIP CIY-SI-ZP Change Addition DELETE 4 1 TITLE That 4.2 NAME N.A. 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CIDS ST ZIP Change DELFTE Addition 5 1 1IILE Title 5.2 NAME NAME 5.3 STREET ADDRESS STEED ADDRESS 5.4 CITY - \$1 - ZIP CINV-51 ZIP ☐ Change Addition DELETE 6 1 TITLE 11106 6 2 NAME NAME **6.3 STREET ADDRESS** SCHEET ADDRESS 6.4 CITY-ST-ZIP 14. Ido 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 a mual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oosth, that I arm an officer or director of the comporation or the receiver in 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 ctylingsd, or or an attachment with an address.

appears in Block 12 or Block 13 if ch RODRIGO ROMAN 2/13/96 305-383-5757