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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## POCUMENT # P95000000592 (2)

ROJO MOLD, CORP.

## FILED Mar 12 1997 8:00am Secretary of State



| Principal Plac   | Principal Place of Business Mailing Address  |                                   | T TO BUILD OF THE LEVEL BOUND CONTRACTOR OF THE |   |                                    |
|--|--|-----------------------------------|---|---|------------------------------------|
| 14903 S.W. 80  |  | 14903 S.W. BOTH ST.               |   | 1   |                                    |
| #208   |  | #206                              |   |   |                                    |
| MIÁMI FL 3311  | 93   | MIAMI FL 33193-3135               |   |   |                                    |
|  |  |                                   |   | 3. Date Incorporated or Qualified 01/04/1995                                      | 3a. Date of Last Report 03/14/1996 |
|  | lace of Business   | 2a. Mailing Address               | inth o  | 4. FEI Number   | Applied For                        |
| 21 1584  |  | 26 15847 N.                       | W. 10th S   | <u>65-0550880</u>   | Not Applicable                     |
| Sulte, Apt.  | . #, etc.  | Suite, Apt. #, etc.               |   | 6. Certificate of Status Desired  | \$8.75 Additional Fee Required     |
| City & Stat  | BROKE PINES, FL  | City & State 28 PEMBROKE P        | PINES, FL   | Election Campaign Financing     Trust Fund Contribution                           | \$5.00 May Be Added to Fees        |
| Zip  | Country  | Zip Zip                           | Country   | 8. This corporation has liability for   |                                    |
| 24 330 d   | 28 25 USA  | 29 33028                          | 30 USA  | Florida Statutes  | Yes No                             |
|  | 9. Name and Address of Curren  |                                   |   | 10. Name and Address of New F   | egistered Agent                    |
| ROI  | MAN, RODRIGO R   |                                   | 81 Name   |   |                                    |
|  | 03 S.W. 80TH ST.   |                                   | 82 Street Ad  | dress (P.O. Box Number is Not Accept  | phlo)                              |
| #20  |  |                                   | 1586  | 47 NW 10+5 ST   | abley                              |
|  | MI FL 33193  |                                   | 83  |   |                                    |
|  |  |                                   | 24 00   |   | 1001 7.00%                         |
| ÷  |  |                                   | 84 CHY  | BROKE PINES   | FL 85 33193                        |
| 11. Pursuant   | to the provisions of Sections 607.050  | 2 and 607.1508, Florida Statute   | s, the above-named co   | rporation submits this statement for the alion's board of directors. I hereby acc |                                    |
| office or r  | registered agent, or both, in the State<br>am familiar with, and accept the obliga | of Florida, Such change was au    | uthorized by the corpor   | ation's board of directors. I hereby acc  | ept the appointment as registered  |
|  | an terminal with and accept the oblige   | mons of coeffer cor. 0500, 1 for  | nda Olatoles.   | ·   | l                                  |
| SIGNATURE  | Signature, typed or printed name of registered age:                                | ot and title it applicable (NO1L: | : Registered Agent signature rec  | uired When reinstating)   | DATE                               |
| 12.  | OFFICERS AND   |                                   | 13.   | ADDITIONS/CHANGES TO OFF  | CERS AND DIRECTORS IN 12           |
| TITLE CO. 6  | D  | DELETE                            | 1.1 TITLE   |   | Change Addition                    |
| NAME   | ROMAN, RODRIGO R   |                                   | 1.2 NAME  |   |                                    |
| STREET ADDRESS   | 14903 S.W. 80TH ST. #206   | 1.                                | 1.3 STREET ADDRESS  | 5847 NW. 10th CT  | •                                  |
| CITY-ST-ZIP  | MIAMI FL 33193   |                                   | 1.4 CITY-ST-ZIP   | 5847 N.W. 10 <sup>th</sup> St<br>EMBROKE PINES, FL                                | 33028                              |
| TITLE  |  | DELETE                            | 21 TITLE  |   | Change Addition                    |
| NAME   |  |                                   | 2.2 NAME  |   | ì                                  |
| STREET ADDRESS   |  |                                   | 2.3 STREET ADDRESS  |   | İ                                  |
| CITY-ST-ZIP  |  |                                   | 2. 4 CITY - \$1 - ZIP   |   |                                    |
| TITLE  |  | DELETE                            | 31 TITLE  |   | Change Addition                    |
| NAME   |  |                                   | 3.2 NAME  |   |                                    |
| STREET ADDRESS   |  |                                   | 3.3 STREET ADDRESS  |   |                                    |
| CITY-ST-ZIP  |  |                                   | 3.4. CITY- \$1- ZIP   |   | ,                                  |
| TITLE  |  |                                   |   |   | C                                  |
| NAME   |  | DELETE                            | 4.1 1ITLE   |   | Change Addition                    |
|  |  | DELETE                            |   |   | Li unange Li Adoltion              |
| STREET ADDRESS   |  | ☐ DELETE                          | 4.1 TITLE   | :   | L Lhange L J Adoition              |
|  |  | ☐ DELETE                          | 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS  | :   | L Lhange L Adolten                 |
| CITY-ST-ZIP  |  | ☐ DELETE                          | 4.1 TITLE<br>4. 2 NAME  |   | Change Addition                    |
| CITY-ST-ZIP<br>TITLE   |  |                                   | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE   |   |                                    |
| CITY-ST-ZIP<br>TITLE<br>NAME                                 |  |                                   | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME  |   |                                    |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS                        |  |                                   | 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS  |   |                                    |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP            |  | ☐ DELETE                          | 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP  |   |                                    |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE      |  |                                   | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP 6.1 TITLE   |   | Change Addition                    |
| CITY-ST-ZIP TITLE HAME STREET ADDRESS CITY-ST-ZIP TITLE NAME |  | ☐ DELETE                          | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP 6.1 TITLE 6.2 NAME  |   | Change Addition                    |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE      |  | ☐ DELETE                          | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP 6.1 TITLE   |   | Change Addition                    |

I do heleby certify that the information supplied with this filing does not qualify for the exemption stated in Socion 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report of supplemental annual report 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 trusted 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.

CIGNATURE X

RODRIGO ROMAN &

454-704-3696