

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000027103 (7)

1. Corporation Name

ROADWISE, INC.



Principal Place of Business

Mailing Address

% 4431 S.W. 64TH AVENUE, SUITE 119  
DAVIE FL 33314

% 4431 S.W. 64TH AVENUE, SUITE 119  
DAVIE FL 33314

3. Date Incorporated or Qualified

04/05/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 4611 S. UNIVERSITY DRIVE

26 4431 S.W. 64TH AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 243

27 SUITE 119

City & State

City & State

23 DAVIE, FLORIDA

28 DAVIE, FLORIDA

Zip

Country

Zip

Country

24 33328

25 U.S.A.

29 33314

30 U.S.A.

4. FEI Number

65-0579521

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HENDERSON, GLENN C  
4431 S.W. 64TH AVENUE, SUITE 119  
DAVIE FL 33314

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME KNUDSON, JOHN  
STREET ADDRESS 122 1ST STREET  
CITY-ST-ZIP HALLANDALE FL 33009

DELETE

TITLE S  
NAME KNUDSON, JOHN  
STREET ADDRESS 122 1ST STREET  
CITY-ST-ZIP HALLANDALE FL 33009

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

11 TITLE PRESIDENT  
12 NAME JOSE A. ROMAO JR.  
13 STREET ADDRESS 16286 N.W. 19TH STREET  
14 CITY-ST-ZIP PEMBROKE PINES, FLORIDA 33028

Change Addition

21 TITLE SECRETARY  
22 NAME SERGIO QUINTERO  
23 STREET ADDRESS 2843 S.W. 32ND COURT  
24 CITY-ST-ZIP MIAMI, FLORIDA 33133

Change Addition

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

Change Addition

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

Change Addition

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

Change Addition

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

Change Addition

14. I do 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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Jose A. Romao Jr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-2-96

DATE

Corporate Phone #

CR2E034 (3/96)