

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000041677 (2)**

1. Corporation Name

ROCKY INVESTMENTS OF FLORIDA INC.



Principal Place of Business

Mailing Address

**7449 COLLINS AVE.
MIAMI FL 33141**

**7449 COLLINS AVE.
MIAMI FL 33141**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

**EL SAHN, MOHAMED
7449 COLLINS AVE.
MIAMI BEACH FL 33141**

3. Date Incorporated or Qualified
05/26/1995

3a. Date of Last Report

4. FEI Number

65-0590293

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

10. Name and Address of New Registered Agent

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 the filer (owner)

(NOTE: Registered Agent signature required when replacing)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> DELETE |
| NAME | PAEZ-RAMOS, DIANA | |
| STREET ADDRESS | 1055 SOUTH AMERICA WAY #212 | |
| CITY-STATE-ZIP | MIAMI FL 33132 | |
| TITLE | VD | <input checked="" type="checkbox"/> DELETE |
| NAME | OSMAN, ADEL A' | |
| STREET ADDRESS | 1055 SOUTH AMERICA WAY #212 | |
| CITY-STATE-ZIP | MIAMI FL 33132 | |
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | ARD EL NOUR, MERVAT M | |
| STREET ADDRESS | 1055 SOUTH AMERICA WAY #212 | |
| CITY-STATE-ZIP | MIAMI FL 33132 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|-------------------|--|
| 11 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME | |
| 13 STREET ADDRESS | |
| 14 CITY-STATE-ZIP | |
| 21 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME | |
| 23 STREET ADDRESS | |
| 24 CITY-STATE-ZIP | |
| 31 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME | |
| 33 STREET ADDRESS | 1555 NE 121ST |
| 34 CITY-STATE-ZIP | No MIAMI FL 33161 |
| 41 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 42 NAME | MOHAMMED ELSAHN |
| 43 STREET ADDRESS | 1555 NE 121ST |
| 44 CITY-STATE-ZIP | No MIAMI FL 33161 |
| 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME | |
| 53 STREET ADDRESS | |
| 54 CITY-STATE-ZIP | |
| 61 TITLE | |
| 62 NAME | |
| 63 STREET ADDRESS | |
| 64 CITY-STATE-ZIP | |

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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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/96

CR2E034 (12/95)