

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

FILED

Apr 10 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000041849 (7)

1. Corporation Name

ROOTS CALIN & ASSOCIATES, INC.

Principal Place of Business

300 SEVILLA AVENUE  
SUITE 204  
CORAL GABLES FL 33134  
US

Mailing Address

15830 S.W. 153RD COURT  
MIAMI FL 33187-0902



C/O FROMBERG FROMBERG

2. Principal Place of Business

21 2625 Ponce de Leon

Suite, Apt. #, etc.

22 SUITE 280

City & State

23 CORAL GABLES, FL

Zip

24 33134

Country

25 U.S.

2a. Mailing Address

26 20801 BISCAYNE BLVD.

Suite, Apt. #, etc.

27 SUITE 505

City & State

28 AVENTURA, FL

Zip

29 33180

Country

30 U.S.

3. Date Incorporated or Qualified

05/30/1995

3a. Date of Last Report

05/01/1996

4. FEI Number

65-0586005

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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

DARRACH, DONALD M  
9350 S. DIXIE HIGHWAY  
PH 2.  
MIAMI FL 33156

10. Name and Address of New Registered Agent

81 Name

JAY R. BESKIN, ESQ.

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

FROMBERG FROMBERG

83

20801 BISCAYNE BLVD, SUITE 505

84

City  
AVENTURA,

FL

85 Zip Code

33180

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 reinstating)

4-2-97

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROOTS, ROBERT B	1.2 NAME	
STREET ADDRESS	15830 S.W. 153RD COURT	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33187	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VP & SECTY	2.2 NAME	
STREET ADDRESS	CALIN, PETER J.	2.3 STREET ADDRESS	
CITY-ST-ZIP	13950 SW 100 AVENUE, MIAMI, FL 33176	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert B. Roots

PRESIDENT

02/26/97

Date

(305) 469-9800

Daytime Phone #

0255550

CR2E034 (9/96)