

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 # P95000045675 (2)

1. Corporation Name

ROCAS LA COSTA, INC.



Principal Place of Business

2822 N.W. 72ND AVENUE
MIAMI FL 33122

Mailing Address

2822 N.W. 72ND AVENUE
MIAMI FL 33122

3. Date Incorporated or Qualified 06/13/1995	3a. Date of Last Report
4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21. Same Suite, Apt. #, etc.	2a. Mailing Address 26. Same as above Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent

DIAZ, HIGINIO
2811 N.W. 72ND AVENUE
MIAMI FL 33122

10. Name and Address of New Registered Agent

81. Name Same	82. Street Address (P.O. Box Number is Not Acceptable)
83.	
84. City	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 of person for principal name of registered agent and fee applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	
NAME	DIAZ, HIGINIO SR	1.2 NAME	Same
STREET ADDRESS	2822 N.W. 72ND AVE.	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33122	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	
NAME	DIAZ, HIGINIO JR	2.2 NAME	Same
STREET ADDRESS	2822 N.W. 72ND AVE.	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33122	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	
NAME	PEREIRA, MANUEL	3.2 NAME	Same
STREET ADDRESS	2822 N.W. 72ND AVE.	3.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33122	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	700001740837
NAME		5.2 NAME	-03/13/96--01024--001
STREET ADDRESS		5.3 STREET ADDRESS	***208.75
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-5-96 (305) 592-1514

Date

Daytime Phone #

CR2E034 (12/95)