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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

1	996	H-19-96B	PORATA	PNS ~				
DOCUM 1. Corporation N	IENT # P9500	0056562 (8)	, ,	•				
	LL-ROCHA, INC.					Liki Geriji Bêlêk 24	in dijej gjala dijid	1101 1101
Principal Place o	of Business	Mailing Address				ĐĐI MĐƠI MẠI MƠ	in Bildt Alite alite	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
10664 SAN BE	10664 SAN BERNARDINO	WAY						
BOCA RATON	FL 33428	BOCA RATON FL 33428			3. Date Incorporated or Qualifie	d 3a Date	of Last Report	
					07/20/1995	, <b>00</b> . 50		
2. Principal Plac	e of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number Applied Not App		
21		26			62.00001	<u> </u>	\$8.75 Add	pplicable fitional
Suite, Apt. #,	, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		Fee Requ	
City & State		City & State			6. Election Campaign Financing	, [	\$5. <b>00</b> м	
23		28			Trust Fund Contribution  8. This corporation has liability		Added to 1	
Zip	Country	Zip 29	Country <b>30</b>	У	Florida Statutes	Yes XNo		
24	9. Name and Address of Curre	1=-1	30		10. Name and Address of Ne	w Registered	Agent	
	<del>3</del>		81	7	iane			
MITCHELL, MICHELE			82	Street Add	iress (P.O. Box Number is Not Acce	ptable)		
10664 S/	AN BERNARDINO WAY		63					
BOCA RA	ATON FL 33428						85 Zip Co	do
			84	1 " "		FL	_   -	
11 Pursuant to	the provisions of Sections 607.05	02 and 607.1508, Florida Statutes	the above	-named corpo	oration submits this statement for the	purpose of ch	anging its regist	tered office int. I am
or registere	ed agent, or both, in the State of Flo h, and accept the obligations of, Se	orida. Such change was authorized otion 607.0505, Florida Statutes.	by the cor	poration s boo	oration submits this statement for the ard of directors. I hereby accept the	арролиноги		
					and whose constrained	DATE		
	Signature typed or printed name of registered ag	ont and title if applicable (NOTE ND DIRECTORS	13.	ent signature requir	ed when reinstating: ADDITIONS/CHANGES TO		D DIRECTORS	IN 12
12. THILE	D	DELETE	1 1 TITU	E			☐ Change ☐	] Addition
NAME	MITCHELL, MICHELE		1.2 NAMI	l l	Same			
STREET ADDRESS 10664 SAN BERNARDINO		WAY		ET ADDRESS	Sume			
CITY-ST-ZIP	BOCA RATON FL 33428	☐ DELETE	1.4 CITY 2 1 TITL				Change [	Addition
TITLE	D DOOLA LOCE LUIC	[] precie	2.2 NAM					
NAME	ROCHA, JOSE LUIS 10664 SAN BERNARDINO	YAW	1	ET ADDRESS	Sam-e			
STREET ADDRESS CITY-ST-ZIP	BOCA RATON FL 33428		2.4 CITY	-ST-ZIP	<u></u>		Change F	Addition
TITLE		☐ DELETE	3 1 TITL				Change	
NAME			3.2 NAM					
STREET ADDRESS				EET ADDRESS				
CITY-ST-ZIP		DELETE	4 1 TH				Change [	Addition
NAME		<del></del>	4.2 NAM	AE				
STREET ADDRESS			4.3 STR	EET ADDRESS				
CHY-ST-ZIP		Docto		r-ST-ZIP			Change [	Addition
TITLE		DELETE	5. 1 TITI 5.2 NAM					
NAME 070551 ADDDESO				EET ADDRESS				
STREET ADDRESS				Y-ST-ZIP				1 1 1 2 2 2 2
CITY+ST-ZIP TITLE		☐ DELETE	6 1 TIT	LE			Change [	Addition
NAME			62 NA					
STREET ADDRESS				REET ADDRESS	1			
CITY-ST-ZIP		ad with this filing is voluntarily furn	6.4 CIT	y-ST-ZIP does not qualif	y for the exemption stated in Section	n 119.07(3)(k),	Florida Statutes	. I further

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not quality for the exemption stated in Section 1 (1907). The 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 cath; 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

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