

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

FILED
Apr 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000078032 (6)
 1. Corporation Name
ROKS TRADING, INC.



Principal Place of Business 3026 NW 79 AVE STE 301 MIAMI FL 33178 US	Mailing Address 40375 SW 89TH PLACE STE. 301 MIAMI FL 33176
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 6002 S.W. 152 ST. Suite, Apt. #, etc. 22	2a. Mailing Address 26 13015 S.W. 89 PL Suite, Apt. #, etc. 27 suite # 301	3. Date Incorporated or Qualified 10/11/1995
City & State 23 Miami, Florida	City & State 28 Miami, FL	4. FEI Number 65-0620034 Applied For Not Applicable
Zip 24 33157	Country 25 USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 29 33176	Country 30 USA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Name and Address of Current Registered Agent PLOUCHA, L. M % ATKINSON, DINER, STONE & MANKUTA, P.A. 1946 TYLER STREET HOLLYWOOD FL 33022-2088		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent PLOUCHA, L. M % ATKINSON, DINER, STONE & MANKUTA, P.A. 1946 TYLER STREET HOLLYWOOD FL 33022-2088		10. Name and Address of New Registered Agent	
B1 Name		B2 Street Address (P.O. Box Number is Not Acceptable)	
B3		B4 City	
		FL	B5 Zip Code

11. Pursuant to the provisions of Sections 607.05(12) 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 _____ DATE _____
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORLANDO, BAJOS L	1.2 NAME	
STREET ADDRESS	(103) 15 SW 89 PL STE 201	1.3 STREET ADDRESS	13015 S.W. 89 PL STE. 301
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Miami, FL 33176
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		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 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]* **Orlando L. Bajos 4/28/98 (305) 259-4000**

CR2E034 (10/97)