


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

FILED

Apr 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 1. Corporation Name ROCHE ENTERPRISES, INC.			
Principal Place of Business 4340 SW 8TH STREET MIAMI, FL 33134		Mailing Address	
2. Principal Place of Business 21 4340 SW 8 STREET Suite, Apt. #, etc. 22 City & State 23 MIAMI, FL Zip 24 33134		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	
3. Date Incorporated or Qualified 1/4/96		3a. Date of Last Report N/A	
4. FEI Number 65-0629942		Applied For Not Applicable	
5. Certificate of Status Desired <input 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			
9. Name and Address of Current Registered Agent FAUSTINO ROCHE 1152 NW 162ND AVE Pembroke Pines, FL 33028		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL	
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____			
12. OFFICERS AND DIRECTORS TITLE: PRESIDENT <input type="checkbox"/> DELETE NAME: FAUSTINO ROCHE STREET ADDRESS: 1152 NW 162ND AVENUE CITY-ST-ZIP: Pembroke Pines, FL 33028 TITLE: <input type="checkbox"/> DELETE NAME: <input type="checkbox"/> DELETE STREET ADDRESS: <input type="checkbox"/> DELETE CITY-ST-ZIP: <input type="checkbox"/> DELETE TITLE: <input type="checkbox"/> DELETE NAME: <input type="checkbox"/> DELETE STREET ADDRESS: <input type="checkbox"/> DELETE CITY-ST-ZIP: <input type="checkbox"/> DELETE TITLE: <input type="checkbox"/> DELETE NAME: <input type="checkbox"/> DELETE STREET ADDRESS: <input type="checkbox"/> DELETE CITY-ST-ZIP: <input type="checkbox"/> DELETE		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	
		300002149443 -04/21/97--01133--007 ***165.00	
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]		Date: 4/14/97 Daytime Phone #	

CR2E034 (9/96)