CORPORATION ANNUAL REPORT



FLORIDA DÉPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

P96000001190 (3) DOCUMENT #
1. Corporation Name

ROCKLAND HOUSING DEVELOPMENT CORP.

Principal Place of Business Mailing Address								1 10011201 HQ 10HQ 8HHH 00H1 80H	ı edili əbili bi	JOP 1188: 1191	8 19111 USAL 1881
601 BRICKELL KEY DR SUITE 805 MIAMI FL 33131			601 BRICKELL KEY DR SUITE 605 MIAM FL 33131								
								3. Date incorporated or Qualified 12/29/1995	<b>3a.</b> ()al	te of Last f	Report
2. Principal Pla	ace of Business	2a.	Mailing Address					4. FEI Number			Applied For
21		26						65-0641045			Not Applicable
Suite, Apt #	#, etc.	27	Suite, Apt. #, etc.				5. Certificate of Status Desired			5 Additional Required	
City & State			City & State				6. Election Campaign Financing		\$5.0	00 Мау Ве	
23		28						Trust Fund Contribution			ed to Fees
Zip Country  24 25		29	29 30		Country			8. This corporation has liability for intangible tax uncler's 199.032, Florida Statutes			
<b>-</b>	9. Name and Address of Curre	ent Registe	ered Agent		81	None		10. Name and Address of New	Registered	Agent	
DELAN	ENIA I EONOIO E				101	Name					
DE LA PENA, LEONCIO E 601 BRICKELL KEY DR SUITE 805					82 Street Address (P.O. Bok Number is Not Acceptable)						
MIAMI FL 33131					83						
THE STATE OF THE	2 00 10 1				"						
ļ					84	City		THE PERSON NAMED AND ADDRESS OF THE PERSON NAMED AND ADDRESS O	FI	<b>85</b> Z	ip Code
11. Pursuant to	o the provisions of Sections 607.050	2 and 607	1508 Florida Stati	ibis the a	Lover	omed co	oruvarati	ion submits this statement for the n		_	registered office
or register	o the provisions of Sections 607.050 ed agent, or both, in the State of Flo h, and accept the obligations of, Sec	rida Such	change was author	zed by the	e corps	oration's	board	of directors. Thereby accept the ap	pontment a	s registere	d agent. Lam
1	ri, and accept the obligations or, Sec	SHOPLED F.U	505, Fiorida Statute	25.							
SIGNATURE _	Signature, typed or printed name of registerics agre	rtand the das	c reacción (N	NOTE Fiscinite	erl Aque	! su lature !	equired w	hen renstating"	DATE		
12.	OFFICERS AND DIRECTORS			13.			ADDITIONS/CHANGES TO OF		D DIRECTO	ORS IN 12	
TITLE	D DELETE		1	1 1 TITLE		D/1	P	7	Change	Addition	
NAME				1.2	12 NAME E		Est	eranza Rodriguez			
STREET ADDRESS	601 BRICKELL KEY DR SUIT	E 805		1.3	STREE1	ADDRESS		Brickell Key Dri	ve #80!	5	
DITY-S1-7/P	MIAMI FL 33131			1.4	CITY-S		M1a	ami, FL 33131		_	
TiTLE	D		DELETE	2	1 T TLE		D/VI	P/T	7	Change	☐ Addition
NAME	CABADA, FELIX S			2.2	NAME:		Fe]	lix S. Cabada			
STREET ADDRESS	601 BRICKELL KEY DR SUIT	E 805		2.3	STREET	ADDRESS	601	l Brickell Key Dri	ve #80!	5	
CITY - ST - ZIP	MIAMI FL 33131			2.4	Cify-S	1 - 2(6)	Mia	ami, FL 33131			
TITLE			☐ DELETE	3	1 T-TLE		D/	VP/S		☐ Change	Addition
NAME				3.2	NAME		Reb	ecca Perez			
STREET ADDRESS				3.3	STREET	ADDRESS	601	Brickell Key Driv	e #805	J	
CITY-ST-ZIP	<b></b>				CITY-S		Mia	m1, FL 33131			<u></u>
TITLE			DELETE		LTITLE					☐ Chang∈	Addition
NAME				4.2	V V VIE						
STREET ADDRESS						ADDRESS					
CITY - ST - ZIP			Finere		CITY-S	T - ZIP	ļ				
TITLE			□ DELETE		1 TITLE					☐ Change	Addition
NAME					NAME						
STREET ADDRESS						ADDRESS					
CITY-ST-ZIP			Fil (v. car		CUI)-S	1 - 71P	ļ	<del></del>			
TITLE			EII DELETE		1 TITLE					Change	Addition
NAME					NAME						
STREET ADDRESS				6.3	STHEET	ADDRESS	1				

64 CITY-S1-ZIP

14. To 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 certify that I am an officer or director of the composition 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 TO DO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-377-0909