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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harring

Secretary of State

DIVISION OF CORPORATIONS

1999

DOCUMENT # **P96000011067**1. Corporation Name

ROD-MAR ENTERPRISES, INC.

Principal Place of Business

Mailing Address

FILED 00 FEB -7 PM 12: 51

SECRETARY OF STATE.

60 Crandon Blvd. NIT 49 Ey Biscayne Fl 33149		260 CRANDON BLVD. UNIT 49 KEY BISCAYNE FL 33149		REINSTATEMENT OF 200
				3. Date Incorporated or Qualifed 02/05/1996
		20 Mailine Address		
Principal Place of Business 2a. Mailing Address		2a. Mailing Address St	N 135AV	4. FEI Number Applied For Not Applied Solution Not Applied Applied For Not
! Suite, Apt. #	t atc	Suite, Apt. #, etc.	10 100 TIV	\$8.75 Additional
l	T, 610.	27		5. Certifcate of Status Desired Fee Required
City & State		City & State	12/i-	6. Election Campaign Financing \$5.00 May Be
1	Same of the second	28 M / AM	1-1-	Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible
1	25	29 33/13 3	0	Personal Property Tax. Yes No
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Registered Agent
A410			81 Name	
	rayana, rodolfo		82 Street A	Address (P.O. Box Mumber is Not Acceptable)
	CRANDON BLVD.		35	778 LW 135AVE
UNIT			83	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
KEY	BISCAYNE FL 33149		84 City . 1	gs AioColle-
	•		I M	1 /1-M 1 FL 133175
1. Pursuant t	o the provisions of Sections 607.050	02 and 607.1508, Florida Statutes	, the above-named o	corporation submits this statement for the purpose of changing its registered
office or re	egistered agent, or both, in the State	of Florida, Such change was aut	horized by the corpo la Statutes.	oration's board of directors. I hereby accept the appointment as registered
	XXX La Cut	3		7/2/2000
SIGNATURE	Signature, typed or printed fame of registered age	ent and title if applicable. (NOTE: R	tegistered Agent signature re	equired when reinstating) DATE
2.		yó DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Additio
AME	SANTAYANA, RODOLFO		1.2 NAME	ココフロ //) / マンイグビ
TREET ADDRESS	260 CRANDON BLVD. UNIT 4	9	1.3 STREET ADDRESS	3-1/8
TY-ST-ZIP	KEY BISCAYNE FL 33149		1.4 CITY-ST-ZIP	MIANUCH 3317D
TLE	D	☐ DELETE	2.1 TITLE	A Change ☐ Additio
AME	SANTAYANA, MARISA		2.2 NAME	ココンダイルン/マバナクラ
	260 CRANDON BLVD. UNIT 4	g	2.3 STREET ADDRESS	37778
TREET ADDRESS	KEY BISCAYNE FL 33149	•	2.4 CITY-ST-ZIP	19 (AMI FL 33/K)
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TLE \		_ 5000,0	3.2 NAME	
AME				
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πE		☐ DETELE		300003136 04% -0* @ -02/16/0001006033
AME	•	:	4. 2 NAME	****908.75 ****908.75
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ure		☐ DELETE	5.1 TITLE	
AME	ė.		5.2 NAME	
TREET ADDRESS		,	5.3 STREET ADDRESS	
AFY-ST-ZIP			5.4 CITY-ST-ZIP	
TLE	• • •	. □ DELETE	6.1 TITLE	Change Additio
AME	* 2 .		6.2 NAME	
TREET ADDRESS			6.3 STREET ADDRESS	
ITY-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, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Description of the property of the propert

CR2E034 (11/9)