

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

FILED

Feb 25 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000017440 (4)**

1. Corporation Name  
**ROADWOLF ENTERPRISES, INCORPORATED**

Principal Place of Business <b>3961 NW 191ST ST MIAMI FL 33055</b>	Mailing Address <b>3961 NW 191ST ST MIAMI FL 33055-2228</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>02/23/1996</b>		3a. Date of Last Report	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number <b>15-0056815</b>		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24 Country		29 Country		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>ARCHIE, RICHARD S 325 NW 205TH TERRACE MIAMI FL 33169</b> <i>CHANGED</i>				10. Name and Address of New Registered Agent			
81 Name <b>RODERICK VEREEN</b>				82 Street Address (P.O. Box Number is Not Acceptable) <b>3961 NW 191ST</b>			
83 City <b>MIAMI</b>				84 State <b>FL</b>			
				85 Zip Code <b>33055</b>			

11. Pursuant to the provisions of Sections 607.0802 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 *Roderick Vereen* DATE **2/15/97**  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE	11 TITLE	PRESIDENT	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	OWENS, RONNIE		12 NAME	OWENS, RONNIE			
STREET ADDRESS	4280 NW 178TH DR		13 STREET ADDRESS	4280 NW 178TH AVE			
CITY-ST-ZIP	MIAMI FL 33055		14 CITY-ST-ZIP	MIAMI FL 33055			
TITLE	V	<input type="checkbox"/> DELETE	21 TITLE	VICE PRESIDENT	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	WASHINGTON, LARRY		22 NAME	WASHINGTON, LARRY			
STREET ADDRESS	2961 NW 163RD ST		23 STREET ADDRESS	2961 NW 163RD ST			
CITY-ST-ZIP	OPA LOCKA FL 33054		24 CITY-ST-ZIP	OPA LOCKA, FL 33054			
TITLE	V	<input type="checkbox"/> DELETE	31 TITLE	WASHINGTON, DAVID - VICE PRESIDENT	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	WASHINGTON, DAVID		32 NAME	WASHINGTON, DAVID			
STREET ADDRESS	7710 W 20TH ST #D		33 STREET ADDRESS	7710 W 20TH AVE #D			
CITY-ST-ZIP	HIALEAH FL 33016		34 CITY-ST-ZIP	HIALEAH, FL 33066			
TITLE	S	<input checked="" type="checkbox"/> DELETE	41 TITLE	ASSISTANT TREASURER	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	ARCHIE, RICHARD		42 NAME	JOHN HUMBERT			
STREET ADDRESS	325 NW 205TH TERRACE		43 STREET ADDRESS	2451 NW 152TH AVE			
CITY-ST-ZIP	MIAMI FL 33169		44 CITY-ST-ZIP	OPA LOCKA, FL 33054			
TITLE	S	<input type="checkbox"/> DELETE	51 TITLE	SECRETARY	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	VEREEN, FLORENCE		52 NAME	FLORENCE VEREEN			
STREET ADDRESS	3961 NW 191ST ST		53 STREET ADDRESS	3961 NW 191ST			
CITY-ST-ZIP	MIAMI FL 33055		54 CITY-ST-ZIP	MIAMI FL 33055			
TITLE	T	<input type="checkbox"/> DELETE	61 TITLE	TREASURER	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	BURROUGHS, DIANE		62 NAME	DIANE BURROUGHS			
STREET ADDRESS	4921 NW 181ST TERRACE		63 STREET ADDRESS	4921 NW 181ST TERRACE			
CITY-ST-ZIP	MIAMI FL 33055		64 CITY-ST-ZIP	MIAMI, FL 33055			

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: *Ronnie Owens* DATE: **1/13/97** (305) 853-1784  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)