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Mar 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 # P96000053227 (0)

1. Corporation Name

ROLLERBEST, INC.



Principal Place of Business

18917 N.E. 5TH AVENUE
MIAMI FL 33179

Mailing Address

18917 N.E. 5TH AVENUE
MIAMI FL 33179-3804

3. Date Incorporated or Qualified

06/21/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

65-0690237

Applied For

Not Applicable

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

22. City & State

27. City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

23. Zip

Country

28. Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

24. Zip

Country

29. Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SAUNDERS, ROBERT
18917 N.E. 5TH AVENUE
MIAMI FL 33179

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

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 of registered agent or both, if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE ☐ DELETE

D
SAUNDERS, ROBERT
18260 N.E. 8TH AVENUE
NORTH MIAMI BEACH FL 33182

11. TITLE ☐ Change ☐ Addition

12. NAME

12. NAME

13. STREET ADDRESS

13. STREET ADDRESS

14. CITY-ST-ZIP

14. CITY-ST-ZIP

15. TITLE ☐ DELETE

2.1. TITLE ☐ Change ☐ Addition

16. NAME

2.2. NAME

17. STREET ADDRESS

2.3. STREET ADDRESS

18. CITY-ST-ZIP

2.4. CITY-ST-ZIP

19. TITLE ☐ DELETE

3.1. TITLE ☐ Change ☐ Addition

20. NAME

3.2. NAME

21. STREET ADDRESS

3.3. STREET ADDRESS

22. CITY-ST-ZIP

3.4. CITY-ST-ZIP

23. TITLE ☐ DELETE

4.1. TITLE ☐ Change ☐ Addition

24. NAME

4.2. NAME

25. STREET ADDRESS

4.3. STREET ADDRESS

26. CITY-ST-ZIP

4.4. CITY-ST-ZIP

27. TITLE ☐ DELETE

5.1. TITLE ☐ Change ☐ Addition

28. NAME

5.2. NAME

29. STREET ADDRESS

5.3. STREET ADDRESS

30. CITY-ST-ZIP

5.4. CITY-ST-ZIP

31. TITLE ☐ DELETE

6.1. TITLE ☐ Change ☐ Addition

32. NAME

6.2. NAME

33. STREET ADDRESS

6.3. STREET ADDRESS

34. CITY-ST-ZIP

6.4. CITY-ST-ZIP

35. TITLE ☐ DELETE

6.5. TITLE ☐ Change ☐ Addition

36. NAME

6.6. NAME

37. STREET ADDRESS

6.7. STREET ADDRESS

38. CITY-ST-ZIP

6.8. CITY-ST-ZIP

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, on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0243710

CR2E034 (9/96)