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

PROFIT CORPORATION ANNUAL REPORT

1002



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 20 1998 8:00am Secretary of State

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	MENT # P9600 RO'S DEVELOPMENT, INC.	0053459 (9))		<u> </u>
Principa: Plac	e of Business	Mailing Address		- I TOCHLORI MAD LOUIR OLIMI ONNIN ORDIL OPHIL	DILLEG HINK BINGN THIS HAIN LOSY
713 N.E. 3 S		713 N.E. 3 STREET			
HALLANDALE FL 33009-3511 HALLANDALE FL 33009-35			-3511	DO NOT WRITE IN THE	4.00±05
				DO NOT WRITE IN THI 3. Date Incorporated or Qualified	S SPACE
				06/24/1996	
2. Principal P	Place of Business	2a. Mailing Address		4, FEI Number	Applied For
21	1]			65-0583337	✓ Not Applicable
	Suite, Apt. #, etc Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
22 27			B. Certificate of Clatus Desired	Fee Required	
City & State	е	City & State		6. Election Campaign Financing	\$5.00 May Be
Z ip	Country	28	Country	Trust Fund Contribution	Added to Fees
24	25	29	30	 This corporation owes or has paid the of Personal Property Tax due June 30. 	current year intangible
	g. Name and Address of Curre		1301	10. Name and Address of New Registere	
M	RANDA, HECTOR		81 Name		
713 N.E. 3 STREET			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
HALLANDALE FL 33009-3511			Jaroet Add	Teas (F.O. DOX 140HDEF IS 140HACCEPTABLE)	
			83		
			84 City		85 Zip Code
				F	
11. Pursuant office or r	to the provisions of Sections 607.050 registered agent, or both, in the State	02 and 607.1508, Florida Statu e of Florida. Such change was	tes, the above-named corp authorized by the corpora	poration submits this statement for the purpose tion's board of directors. I hereby accept the a	of changing its registered popintment as registered
agent. I a	m familiar with, and accept the oblig	gations of, Section 607.0505, Fi	orida Statutes.	, .	
SIGNATURE	Signature typed or pulled name of registered ag	unit and litin if aunicable (NO)	IE. Registered Agent signature requi	red when reinslating) DATE	
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	DPT	DELETE	1.1 TITLE		Change Addition
NAME	CASTRO, ALEJANDRO		1.2 NAME		5]
STREET ADDRESS	792 AMSTERDAM AVE		1.3 STREET ADDRESS		ļ
CITY - ST - ZIP	NEW YORK NY	- I otiete	1.4 CITY-ST-ZIP		
TITLE	S NECTOR II	DELETE "	2.1 TITLE		Change Addition
NAME OTREET ADDRESS	MIRANDA, HECTOR V 713 NE 3RD ST		2 2 NAME	<u> </u>	
STREET ADDRESS	HOLLANDALE FL 33009		2 3 STREET ADDRESS	·	
CITY-ST-7IP TITLE	TIOLD TIDALE TE 00000	DELETE	2 4 CITY-ST-ZIP 31 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		\
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		☐ DELETE	5 1 TITLE		☐ Change ☐ Addition
NAME CTOSET ADDOCCO			5.2 NAME 5.3 STREET ADDRESS		
STREET ADDRESS	ı				}
CITY-ST-ZIP TITLE		DELETE	5.4 CITY-ST-ZIP 61 TITLE		Change Addition
NAME		<u></u>	6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS)
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
14. Thereby C	certify that the information supplied v	vith this filing does not qualify f	or the exemption stated in	Section 119.07(3)(i), Florida Statutes. I further	certify that the information
indicated	on this annual report or supplement	ai annual report is true and acc	corate and that my signatu	re shall have the same legal effect as if made i	under bath; that I am an