

FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600058784 1. Corporation Name ROANA CORPORATION				99 APR -9 PH 3: 27	
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HOARA	CONFORMOR			A CALL CALL MAN AND AND AND AND AND AND AND AND AND A	
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Principal Plac	ce of Business	Mailing Address	•	וסתו וסום ונופג ומספר נוופר ופנים ופנים וונסס ונוסם ונוסם ונוסס ווניסים וונוסס ווניסס ווניסס ווניסס וו	
6877 SW 18TH		6877 SW 18TH ST			
H127		H127		1	
BOCA RATON FL 33433		BOCA RATON FL 33433		DO NOT WRITE IN THIS SPACE	
US		U\$		3. Date Incorporated or Qualified	
9 Principal I	Place of Business	2a, Mailing Address		07/12/1996 4. FET Number Applied For	
21	idee of Business	26		65-0682548 Not Applicable	
Suite, Apt	#, etc.	Suite, Apt. #, etc.		\$8.75 Additional	
22	·	27		5, Certificate of Status Desired [] Fee Required	
City & Sta	le	City & State	•	6, Election Campaign Financing \$5.00 May Be	
23		28		Trust Fund Contribution L Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes the current year Inlangible	
24		29 3	0	Personal Property Tax [1 Yes No	
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Registered Agent	
IFR	RO. VICTOR		OI Name		
2600 N MILITARY TRAIL			82 Street	82 Street Address (P.O. Box Number is Not Acceptable)	
230			83		
BCA RATON FL 33431					
			84 City	FI 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 i	registered agent, or both, in the State of am familiar with, and accept the obligation	Florida. Such change was auti	horized by the corp	oration's board of directors. If hereby accept the appointment as registered.	
SIGNATURE	an ignition was, and docept the obligation	or, econori devicede, viene			
SIGNATURE	Signature, typed or printed name of registered agent			regate (whose resoluting) DATE	
12.	OFFICERS AND	and the contract of the contra	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD ANTONICETT	[] DELETE	1,1 Ti∫⊊€	[Change [] Addition]	
NAME .	OCCHIOGROSSO, ANTOINETTE		12 NAME	5000028422959	
STREET ADDRESS	BOCA RATON FL		13 STREET ADDRESS	-04/16/9901078003	
CITY-ST-ZIP TITLE	VPTD	[] DELETE	14 CifY-ST-ZIP 21 Dig€	****150.00 *****150.00	
NAME	SCAGLIOTTI, RODOLFO	Ell DECENE	2.2 NAME	[Shares [Phares	
STREET ADDRESS	3125-B SAN FERNANDO DR.		23 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL		2 4 CITY-ST-ZIP		
TITLE	Page 411 BUTTOTT IL	[I DELETE	317111.6	[Change	
NAME			32 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			34 CITY-ST-ZIFI		
TITLE		[] DELETE	4 1 117LE	[Change [Addition	
NAME			4 2 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-\$1-ZIP	A SECTION OF THE SECTION OF	
TITLE		(,) DELETE	5171816	[Change [Addition	
NAME			5.2 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP		[] DELETE	54 CITY-ST-ZIP	[[Change []] Addition	
TITLE		ר'ז הגרב וב	62 NAME	[Tella ige [] Moulton	

STREET ADDRESS

CRY-ST-ZP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.01(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 CATY-ST-ZIP

SIGNATURE:

SIGNING OFFICER OR DIRECTOR ATTY IN FACT 4/6/49

 $1V_1^{\star}$ Yes, I wish to participate in the Guaranteed Corporation Annual

Or

[] No, I do not wish to participate and I will responsibility for the timely filing and payment of this annual

Special Power of Attorney

I, Antoine He Occhiograsso, President of Roana Corporation, hereby grant to my Agent, Victor Lerro of Victor Lerro & Company PA the right to prepare and sign in Block 14 of the signature area the Florida Department of State Profit Corporation Annual Report on behalf of Roana Corporation.. This Power of Attorney shall become effective immediately, and shall continue until revoked by me in writing.

Interiste Ochrogues Signature Antoinette Occhiogrosso Print NAME