~~FILE NOW. FILING FEE AFTER MAY 1ST $550.00~~

APPROVED
AND
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1997 JUN 26 PM 1:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000075282

1. Corporation Name
Rocabaja Corporation

Principal Place of Business
691 Huntinglodge Drive
Miami Springs, Florida 33166

Mailing Address

3. Date Incorporated or Qualified: **9-9-96**	3a. Date of Last Report: **none**
2. Principal Place of Business: 21 **7070 W. Flagler Street**	2a. Mailing Address: 26 **691 Huntinglodge Drive**
Suite, Apt. #, etc.: 22	Suite, Apt. #, etc.: 27
City & State: 23 **Miami, Florida**	City & State: 28 **Miami Springs, Florida**
Zip: 24 **33144** Country: 25 **USA**	Zip: 29 **33166** Country: 30 **USA**
4. FEI Number: **65-0751212** ☐ Applied For ☐ Not Applicable	
5. Certificate of Status Desired: ☒ XX **$8.75** Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution: ☐ **$5.00** May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: ☐ Yes ☒ XX No	

9. Name and Address of Current Registered Agent

Gema M. Pinon, Esq.
c/o Friedman, Rodriguez, Ferraro & St. Louis
2300 Miami Center
201 South Biscayne Boulevard
Miami, Florida 33131

10. Name and Address of New Registered Agent

81 Name: **Mario R. Delgado, Esq.**
82 Street Address (P.O. Box Number is Not Acceptable): ~~St. Louis, Guerra & Delgado, P.A.~~ MARIO R. DELGADO, P.A.
83 ~~201 S. Biscayne Blvd. 10th Floor~~ 306 ALCAZAR AVENUE, SUITE 302
84 City: **Miami** FL 85 Zip Code: **33134**

11. Pursuant to the provisions of Section 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: _____ 6/24/97
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent's signature required where indicated — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ DELETE **Director** **Robert Gomez** **691 Huntinglodge Drive** **Miami Springs, Florida 33166**	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☒ XX Addition **Director/President/Secretary Treasurer** **Caroline Gomez** **691 Huntinglodge Drive** **Miami Springs, Florida 33166**
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition 300002227363--9 -07/01/97--01077--017
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	****173.75 ☐ Change ****173.75 ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/96)

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: _____ 5-21-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #