

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Hargis
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000084525**

1. Corporation Name
ROLI AMERICAN COMPANY, INC.

Principal Place of Business

Mailing Address

**2401 COLLINS AVE. - SUITE 1109
MIAMI BEACH, FLORIDA 33140**

99 SEP 22 AM 9:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

2. Principal Place of Business

2a. Mailing Address

21 **MIAMI, FLORIDA**

26 **SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **1109**

27

23 **MIAMI BEACH, FL.**

28

24 **33140** **USA**

29 **USA** **30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LEONARDO F. BRITO, P.A.
8005 N.W. 155th ST. - SUITE B
MIAMI, FLORIDA 33016**

81 Name

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

700002999167--9

-09/28/99--01047--005

*******100.00 *****100.00**

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 **LEONARDO F. BRITO P.A.**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **PRESIDENT**

STREET ADDRESS **ROBERTO SEBUDHDANIAN**

CITY-ST-ZIP **2401 COLLINS AVE - SUITE 1109**

MIAMI BEACH, FLORIDA 33140

TITLE ☐ DELETE

NAME **VICE-PRESIDENT**

STREET ADDRESS **LIDIA SEBUDHDANIAN**

CITY-ST-ZIP **2401 COLLINS AVE - SUITE 1109**

MIAMI BEACH, FLORIDA 33140

TITLE ☐ DELETE

NAME **SECRETARY**

STREET ADDRESS **CLAUDIA SEBUDHDANIAN**

CITY-ST-ZIP **2401 COLLINS AVE - SUITE 1109**

MIAMI BEACH, FLORIDA 33140

TITLE ☐ DELETE

NAME **TREASURY**

STREET ADDRESS **MARIA R. SEBUDHDANIAN**

CITY-ST-ZIP **2401 COLLINS AVE - SUITE 1109**

MIAMI BEACH, FLORIDA 33140

TITLE ☐ DELETE

NAME **VICE SECRETARY**

STREET ADDRESS **SANDRA V. SEBUDHDANIAN**

CITY-ST-ZIP **2401 COLLINS AVE - 1109**

MIAMI BEACH, FLORIDA 33140

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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14. I 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, with all other like empowered.

SIGNATURE: **Roberto Seboudhdanian, PRESIDENT** **8/23/99** **(205) 623-9976**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

July 26, 1999

ROLI AMERICAN COMPANY, INC.
2401 COLLINS AVENUE
SUITE 805
MIAMI BEACH, FL 33140

SUBJECT: ROLI AMERICAN COMPANY, INC.
Ref. Number: P96000084525

Thank you for your letter of July 26, 1999, which has been forwarded to me for response.

Our records indicate that you did attempt to pay our 1998 Annual Report. We will waive the reinstatement fee of \$600.00. Our records indicate that we already have received a payment of \$150.00. Therefore, the balance to bring the corporation active and current through December 31, 1999 is \$150.00.

After the corrections have been made, please return the report to: Division of Corporations, Annual Report Section, P.O. Box 6327, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have any questions concerning the filing of your document, please call (850) 487-6059.

Kristen Eckel
Document Specialist

Letter Number: 599A00038088