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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Apr 25 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000086177 (8)

RODRIGUEZ & ROMAN SERVICES, INC.

₹														
Principal Place of Business Mailing Address										{ 			BIIBI IIDII IBAI	
2173 NW 37 AVE 2173 NW 37 AVE COCONUT CREEK FL 33066 COCONUT CREEK FL 33066-2						19								
						_			3. Date Inc 10/17/	orporated or Qua	lified	3a. Da	ate of Last f	Report
2. Principal Place of Business				2a. Mailing Address					4. FEI Num		_		A	pplied For
21			26						65-	070595	0			ot Applicable
Sulte, Apt. #, etc.				Suite, Apt. #, etc.				_	5. Certifica	te of Status Desire	ed			Additional equired
City & State			28	City & State				Ì		Campaign Finance nd Contribution	ing			May Be to Fees
Zip 24		Country 25	29	Zip Co 29 30			·	8. This corporation has liability for intangible tax to Florida Statutes				s. 199.032,		
g. Name and Address of Current Registered Agent										nd Address of N				
POC	81	Name												
RODRIGUEZ, HECTOR 2173 NW 37 AVE						82	Street	Addres	is (P.O. Box I	Number is Not Ac	ceptab	le)		
COCONUT CREEK FL 33088						83								
											1			
						B4	City					FL	85 Zip	Code
11. Pursuant	to the provisi	ons of Sections 607.0	502 and 60	7.1508, Florida Sta	itutes, t	he abov	e-named	corpor	ation submit	s this statement fo	r the p	urpose o	f changing i	its registered
office or r agent. I a	registered ag ım familiar wit	ent, or both, in the Sta th, and accept the obt	ite of Florid igations of,	la. Such change wa , Section 607.0505,	as autho Florida	orized by Statute:	y the cor _l s.	poration	n's board of d	directors. I hereby	accep	the app	oointment as	s registered
SIGNATURE														
	Signature, typed or printed hards of registered agent and title it applicable (NOTC, Regis						ont signature	required	when reinstating)	IDIOLIANOES TO	OCCIO	DATE	DIDECTO	00.00.40
12.	WILE OFFICERS AI		MID DIREC	DELETE		13.		DD.		NS/CHANGES TO	OFFIC	ERS AND	Change	Addition
NAME	(_		1.2 NAME		146	ctor	UDISKLOST	Εz			
STREET ADDRESS	ADDRESS			: 1			1.3 STREET ADDRESS 21		73 N.1	N.37AV		`		
CITY-ST-ZIP)						I - ZIP	Col	Coconvitace IL FLA.					
TITLE				[] DELETE		2.1 TITLE		ļ					Change	☐ Addition
:NAME	_					2.2 NAME 2.3 STREET ADDRESS		ĺ						
STREET ADDRESS CITY-ST-ZIP						2.4 CHY-:								
TITLE				DELETE		3.1 THILE	51.51						Change	Addition
NAME						3.2 NAME								
STREET ADDRESS						3.3 STREET	ADORESS	ļ						
CITY-ST-ZIP						34 CHY-	S1 - ZIP			·····				
TITLE				∐ DELFTE	ı	4.1 TITLE		İ					Change	Addition
NAME STREET APOPLOS						4.2 NAME	40bacee							
STREET ADDRESS CITY-ST-ZIP						4.3 STREET 4.4 CHY-S								
TITLE	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		DELETE		51 TITLE	1 - 2 11						Change	Addition
NAME					1	5 2 NAME								Ĭ
STREET ADDRESS						5.3 STREET	ADDRESS							
CITY-ST-ZIP						5 4 CITY - S	1 - ZIP	L					T-1	
TITLE			_ \	☐ DELETE		6.1 HILE							Change	Addition
NAME CYDEET 4000FGG		/	`	\		6.2 NAME	*DDDESC							
STREET ADDRESS		/		1	-/1	6.3 STREET	ADURESS							

14. I do hereby certify that the information supplied with this illing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this and yal 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 dorporation in the receiver or trystoc employered to execute this report as required by Chapter 607, Florida Statutes; and that my name