

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000094086 (1)

1. Corporation Name

THE ROIG INVESTMENT GROUP, INC.

Principal Place of Business

540 BRICKELL KEY DRIVE
SUITE 500
MIAMI FL 33131

Mailing Address

540 BRICKELL KEY DRIVE
SUITE 500
MIAMI FL 33131-2037

2. Principal Place of Business

21 8538 NW 46 ST.
Suite, Apt. #, etc.

22 City & State

23 MIAMI, FL

24 33146 25 USA

2a. Mailing Address

26 8538 NW 46 ST.
Suite, Apt. #, etc.

27 City & State

28 MIAMI, FL.

29 33146 30 USA

3. Date Incorporated or Qualified
11/18/1996

3a. Date of Last Report

4. FEI Number

65-0709081

Applied For
Not Applicable

5. Certificate of Status Desired

\$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 ☐ No

9. Name and Address of Current Registered Agent

HUGO RAUL ROIG
540 BRICKELL KEY DRIVE
SUITE 500
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

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

83

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME HUGO RAUL ROIG, MOREIRA
STREET ADDRESS 540 BRICKELL KEY DRIVE, SUITE 500
CITY- ST- ZIP MIAMI FL 33131

TITLE SD ☐ DELETE

NAME ROIG, ALFREDO
STREET ADDRESS 540 BRICKELL KEY DRIVE, SUITE 500
CITY- ST- ZIP MIAMI FL 33131

TITLE VD ☐ DELETE

NAME ROIG, CATALINA C
STREET ADDRESS 540 BRICKELL KEY DRIVE, SUITE 500
CITY- ST- ZIP MIAMI FL 33131

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 15 1997 8:00am
Secretary of State



CR2E034 (9/96)