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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000096610

## ROTISA INTERNATIONAL TRADING COMPANY

## FILED Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90070 003 \*\*\*150.00



Principal Place	of Business	Mailing Address			ļ		.*	
520 BRICKELL KEY DR.		520 BRICKELL KEY DR.						
SUITE 0-305		SUITE 0-305			DO NOT WRITE IN THIS SPACE			
MIAMI FL 33131		MIAMI FL 33131		<u> </u>		SFACE		
					3. Date Incorporated or Qu	Janed		ł
	·				11/27/1996	_ <del></del> _	<del>'</del>	<u> </u>
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number		<u> </u>	plied For
21		26			65-0731281		<del></del>	t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Des	ired 🗌	\$8.75 A	
22	·	27]						<del></del>
City & State	the constraint of the contract	City & State	•		6, Election Campaign Fina	t 1	\$5.00	*
23	<u> </u>	28			Trust Fund Contribution		Added t	o Fees
Zip	Country	Zip	_ Country	У	8. This corporation owes t	he current year In	_	□No
24	25	29	<u> </u>		Personal Property Tax.	Alam Danistand	Yes	
	9. Name and Address of Current	Registered Agent	81	Lana	10. Name and Address of	New Registered	Agent	
CDCC	NAME OFFICENCE		101	Name				_
FREEMAN, STEPHEN A		82 Street		Address (P.O. Box Number is Not A	Acceptable)	-		
520 BRICKELL KEY DR.				J				
SUITE 0-305			83	3				ļ
MIAN	II FL 33131		84	City			85 Zip (	Code
				1 1		FL	<b>.</b>	}
11. Pursuant t	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	, the abov	e-named	corporation submits this statement	for the purpose of	changing its	registered
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	i Florida. Such chande was autt	nonzea o	v the como	oration's board of directors. I hereb	у ассерт те арро	munem as re	gistered
SIGNATURE								
				-4 -1				
	Signature, typed or printed name of registered agent of	<del></del> -—		ent signature re	equired when reinstating)  ADDITIONS/CHANGES	TO OFFICERS AN	ID DIRECTO	DRS IN 12
12.	OFFICERS AND	DIRECTORS	13.	ent signature re	ADDITIONS/CHANGES		D DIRECTO	DRS IN 12
12.	OFFICERS AND	<del></del> -—	13. 1.1 TITLE	_				
12. TITLE NAME	VPS TIMIRAOS, VICENTE	DIRECTORS DELETE	13. 1.1 TITLE 12 NAME					
12.	VPS TIMIRAOS, VICENTE 520 BRICKELL KEY DR., SUITE	DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE	ET ADDRESS				
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND VPS TIMIRAOS, VICENTE 520 BRICKELL KEY DR., SUITE MIAMI FL	DIRECTORS DELETE  0-305	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-	ET ADDRESS			☐ Change	Addition .
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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 supplied 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 the attachment with an address, with all other like empowered.

SIGNATURE

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Daytime Phone #