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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000016282 (0)

STUDART & ROLA INC.

Principal Place of Business

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1

The state of the s

Mailing Address

FILED Apr 14 1998 8:00am Secretary of State



7819 NW 15			7819 NW 15TH STREET										
MIAMI FL 33126			MIAMI FL 33126					DO NOT WRITE IN THIS SPACE					
							3. Da	ate Incorporated	or Qualified		-		
								02/20/1997					
	ace of Business		2a. Mailing Address					El Number	0020			plied For	
1 2699, COLLINS AVE.			26 2699, COLUNG AVE.					65-04	29 + 0	<u>K</u>		t Applicable	
	2 (SUITE)	27	Suite, Apt. #, etc. 27 # 142 (SVITE)				5. Co	ertificate of Statu	us Desired		\$8.75 / Fee Re		
City & State		2/24	City & State 28 MIAM! BEACH - FLORIDA				C /	ection Campaig	-		\$5.00		
MIAMI BEACH - FLORIDA Zip Country			(2)				—— 	ust Fund Contrit		<u> </u>	Added t		
zip 4 3514		7ip スス1仏へ	33140 30 VBA				nis corporation o						
4 5017	9. Name and Address of							Personal Property Tax due June 30. Y Yes No 10. Name and Address of New Registered Agent					
Di	OLA. STENIO F				81	Name				-	- 190		
*-	B19 NW 15TH STREET		Ļ										
MIAMI FL 33126						82 Street Address (P.O. Box Number is Not Acceptable)							
m	Amm of Colfo				83							_	
					با						1-1-		
					84	City				FL	_ 85 Zip (Code	
11. Pursuant t	o the provisions of Sections egistered agent, or both, in in familiar with, and accept	607.0502 and 6 the State of Florid	07.1508, Florida 5 da. Such change	Statutes, the a	bove d by	e-named the corp	corporation s oration's boa	submits this state and of directors.	ement for the I hereby acc	purpose o	of changing it pointment as	s registered registered	
	/ 1		11 //	5, Florida Sta	tutes	5 .				20/2	7/00		
SIGNATURE	Signature typed or printed name of re	Jusicea gistered agent and little	if applicable	(NO1t Registere	d Age	ni signature	required when rein	nstating)	^	DATE	7/98		
12.		ERS AND DIREC	OTORS _	13.				DITIONS/CHAN	GES TO OFF	ICERS AN	D DIRECTOR	S IN 12	
TITLE	PD		DELET	1.1 T	ITLE		PD		_		Change	Addition	
NAME	rola, stenio f			1.2 N	AME		ROLA ,	STENIO F COLLING				Ī	
STREET ADDRESS	7819 NW 15TH STR	EET		1.3 S	TREET	ADDRESS	2699.	COLLING	s Ave				
CITY-ST-ZIP	MIAMI FL 33126				ITY-S	T-219	MIAMI	BEACH	- FL-	- 331			
TITLE			☐ DELEH	211	ITLE						Change	Addition	
NAME				22 N	AME								
STREET ADDRESS				2.3 S	TAEET	ADDRESS			•	*			
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TITLE			☐ DELETI								Change	☐ Addition	
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NAME			LL DELET	4.21							Citalige		
STREET ADDRESS						ADORESS							
CITY-ST-ZIP						T-ZIP							
TITLE			☐ DELET			11-211					Change	Addition	
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STREET ADDRESS						ADDRESS							
City-St-Zip				•		T-ZIP						\	
TITLE			DELETI					·			Change	Addition	
NAME				6.2 N	AME								
STREET ADDRESS				6.3 S	TREET	ADDRESS							
CITY-ST-ZIP				6.4 C	ITY-S	T- 21P						ļ	
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I nereby 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 informatio 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 this 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:

lioe :

(305) 864 89.13 APR/07/98