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 Apr 30, 1999 8:00 am Secretary of State 04-30-1999 90134 016 ***150.00

FILED

DOCUMENT # **P97000020832** 1. Corporation Name

THE ROJAS FAMILY, INC.

								٠						
Principal Place	e of Business	Mailing	Address		•					\$811 9 8111 98 111 1		1811 8916	18188 11)((0 ((0)
1151 SORRENTO DRIVE 1151 SORRENTO DRIVE							- 1							
WESTON FL 33326 WESTON FL 33326							i							
	•							<u>.</u>		NOT WRITE	IN THIS	SPACE		
	_							03/	Incorporated or 03/1997	Qualifed		 ,		
2. Principal P	lace of Business	2a. Maili	ng Address					••	Number			L	Appl	lied For
21	·	26						<u>65-</u>	<u>0731248</u>					Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					5. Certificate of Status Desired \$8.75 Additional Fee Required							
City & State		City	& State			· · · · · · ·		6.~Elec	tion-Campaign F	inancing		~~\$5	00 -N	lay Be
23		28					ļ	Trus	t Fund Contribut	ion	<u> </u>	Ad	ded to	Fees
Zip	Country	Zip		Co	untry			8. This	corporation owe	s the current	year Inta	ngible		
24	25	29		30				Pers	onal Property Ta	ix.		Yes		□No
	9. Name and Address of Curre	nt Registered	Agent				1	0. Nam	e and Address	of New Reg	istered /	Agent		
					81	Name								
	as, bessy s				82	Street	Address	/₽ ∩ B	ox Number is N	nt Accentable	2)			
	SORRENTO DRIVE				102	Succe	Aquiess	(i . . D	OX (4dilibe) 13 14	, ridoopaoji	·, ,			
WES	TON FL 33326				83									
					<u>-</u>				·			[AP]	Zip Co	
	•				84	City					FL	85	Zip Co	ode
l office or r	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	e of Fiorida, Su	cn change was a	uunonze	ea by	the corbo	corporat oration's	ion subi board o	mits this stateme of directors. I her	nt for the pu eby accept to	ne appon	changin ntment a	g its regi	egistered istered
SIGNATORE	Signature, typed or printed name of registered ag		<u>`</u>	: Registere	d Agen	nt signature re	equired whe				DATE .			
12.	·	ND DIRECTOR		13.				ADDI	TIONS/CHANGE	S TO OFFIC	ERS AN			S IN 12
TITLE	D		□ DELETE	1.13	TITLE							Cha	nge	☐ Addition
NAME	ROJAS, BESSY S			1.2 1	NAME									
STREET ADDRESS	1151 SORRENTO DRIVE			1.3 5	STREET	ADDRESS	ļ							
CITY-ST-ZIP	WESTON FL 33326			1.4 0	CITY-S	T-ZIP								
TITLE	D		☐ DELETE	2.11	TITLE		J					Cha	inge	Addition
NAME	ROJAS, JORGE			2.21	NAME									
STREET ADDRESS	1151 SORRENTO DRIVE			2.3 9	STREET	T ADDRESS		•						
CITY-ST-ZIP	WESTON FL 33326			2.4	CITY-S	ST-ZIP		_		•	·			
TITLE			☐ DELETE	3.1 1	IIILE							☐ Cha	nge	Addition
NAME				3.21	NAME			•					•	
STREET ADDRESS				3.3 5	STREET	T ADDRESS								
CITY-ST-ZIP				3.4.	спу-я	ST-ZIP								
TITLE			☐ DELETE	4.17	TITLE							Cha	inge	Addition
NAME .				4. 2	NAME									
STREET ADORESS				4.3 9	STREET	T ADDRESS								
CITY-ST-ZIP	•				CITY-S	-								
TITLE			☐ DELETE	_	TITLE			-				Cha	ınge	Addition

CITY-ST-ZIP 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.

5.2 NAME

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

DELETE

Change

☐ Addition

CR2E034 (11/98)