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 14, 1999 8:00 am Secretary of State

04-14-1999 90068 005 ***150.00

DOCUMENT # P97000037531

1. Corporation Name

ROLOED CORPORATION

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1864 S	e of Business .W. 8th. Street Florida, 33135	Mailing Address 14040 S.W. 14th Miami, Florida,	14th, Street /			`		DO	NOT W	RITE II	N THIS	SPACE			
		·		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/25/1997											
Principal Place of Business 2a. Mailing Address 1864 SW 8 street 2b. Mailing Address 2c. Mailing Address 2				th. Street			El Numbe 5 – 075				`			ied For Applicable	
Suite, Apt.	#. etc.	Suite, Apt. #, etc. #51 27 City & State 28 Miami, F1.			5. Certificate of Status Desired \$8.75 Arr Fee Rec							5 Ad	iditional		
City & State	· · · · نقل منظر المنظمة المنظ				- 6. Election Campaign Financing Trust Fund Contribution - \$5.00 May Be Added to Fees										
Zip 33135	Country	Zip 29 33126 30	Cou	untry USA		8. This corporation owes the current year Intangible Personal Property Tax. Yes								□No	
	9. Name and Address of Current	Registered Agent	<u> </u>	T			ame and			w Regis	stered				
		· · · · · · · · · · · · · · · · · · ·		81 Na	me										
451 S	Luis .W. 51 Avenue	•		82 Str	eet Addres	ss (P.O	. Box Nu	nber is N	lot Acce	plable)					
Miami,	F1. 33135*	Y		83			;				·				
		The state of the s		.84 [City	, ·	,	,			٠		85 2	Zip Co	de	
IGNATURE	m familiar with, and accept the obligation Signature, typed or posited name of registered agent a OFFICERS AND	nd bile if applicable. (NOTE, Re	ı 1	Agent signal	lure required v		otating)	CHANG	ES TO (RS AN	D DIREC	CTOR	S IN 12	
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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 suppliemental 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.

64 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Luia COLED