


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

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May 04, 1999 8:00 am
Secretary of State

05-04-1999 90158 022 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000039002

1. Corporation Name
FRANCIS ROJAS PA

Principal Place of Business 3243 BREWSTER DR KISSIMMEE FL 34743	Mailing Address 3243 BREWSTER DR KISSIMMEE FL 34743
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 1563 GLENHAVEN	26 1563 GLENHAVEN CIRCLE			04/29/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				50-3443479	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23 OCOCHE FL		28 OCOCHE FL		\$8.75 Additional Fee Required	
Zip Country		Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24 34761 25 U.S.		29 34761 30 U.S.		\$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
ROJAS, FRANCIS 3243 BREWSTER DR KISSIMMEE FL 34743		81 Name FRANCIS ROJAS	
		82 Street Address (P.O. Box Number is Not Acceptable) 1563 GLENHAVEN CIRCLE	
		83	
		84 City OCOCHE FL	
		85 Zip Code 34761	

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.

DATE: 3/13/99

SIGNATURE: *[Signature]* (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	ROJAS, FRANCIS	1.2 NAME	ROJAS FRANCIS
STREET ADDRESS	3243 BREWSTER DR	1.3 STREET ADDRESS	1563 GLENHAVEN CIRCLE
CITY-ST-ZIP	KISSIMMEE FL 34743	1.4 CITY-ST-ZIP	OCOCHE FL 34761
TITLE	VD	2.1 TITLE	VD
NAME	CARVAJAL, ALBA	2.2 NAME	CARVATAL ALBA
STREET ADDRESS	3243 BREWSTER DR.	2.3 STREET ADDRESS	1563 GLENHAVEN CIRCLE
CITY-ST-ZIP	KISSIMMEE FL 34743	2.4 CITY-ST-ZIP	OCOCHE FL 34761
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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, upon an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE: 3/13/99 DAYTIME PHONE #

CR2E034 (11/98)