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

PROFIT CORPORATION ANNUAL REPORT

1998

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000040781 (1)

## FILED May 06 1998 8:00am Secretary of State

ROADS PROPERTY, INC.					I LABONADU KIN TANK KARIK BANK ARIK ARIK ARIK BANK BANK BANK LABON LABAN KUDI NAK KARI			
Principal Place	of Business	Mailing Address	ailing Address					
7333 CORAL \ MIAMI FL 3315		7333 CORAL WAY MIAMI FL 33155						
MMMI LF 9315	33	MIMMI FL 33133	MIAMI FL 33155			DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified		
				<del></del> .		05/05/1997		
<b>-</b>	ace of Business	2a. Mailing Address				4. FEI Number 65-0.793365 Applied For Not Applical		
Suite, Apt. #	l Ato	Suite, Apt. #, etc.				······································		
22	7, <b>G</b> LO.	27				5. Certificate of Status Desired   \$8.75 Additional Fee Regulred		
City & State		City & State				B. Election Campaign Financing \$5.00 May Be		
23	_	28				Trust Fund Contribution Added to Fees		
Zip Country		Zıp	Zip Country			8. This corporation owes or has paid the current year Intangible		
24	25	29	30			Personal Property Tax due June 30. Yes No		
	9. Name and Address of Currer	I Registered Agent		81	Nama	10. Name and Address of New Registered Agent		
DAVIDE, SALVATORE				["]	Name			
	3 CORAL WAY			62	Street Addre	iress (P.O. Box Number is Not Acceptable)		
MIA	MI FL 33155			83				
				84	City	FL 85 Zip Code		
agent. I an	n familiar with/Ind accept the obligi Signature, typed or policy name of repotered ap-	ations of, Section 607.0505, I	Florida Stat	utes	nt signature requirer			
12.	PSTD OFFICERS AN	DELETE	13. 1.1 TI	Ti E	<u>-</u>	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addit		
NAME	DAVIDE, SALVATORE	L Dittil	1.1 N		1	E comple E violi		
STREET ADDRESS	7333 CORAL WAY				ADDRESS			
CITY-ST-ZIP	MIAMI FL 33155	FL 33155		TY-81				
TITLE		DELETE	2.1 11	TLE		Change Addit		
NAME			2.2 NAME					
STREET ADDRESS					address			
CITY-ST-ZIP		T ostere	2 4 0		T-ZIP			
TITLE	[_] DEL			3.1 TITLE . 3.2 NAME		Change Addit		
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP			3.3 S					
TITLE		DELETE	4.1 Til			☐ Change ☐ Additi		
NAME			4. 2 N	AME	1			
STREET ADORESS			4.3 ST	REET	ADDRESS			
CITY-ST-ZIP			4.4 CI	TY-ST	- ZiP			
TITLE		DELETE	5 1 Til			Change Additi		
NAME			5.2 NA					
STREET ADDRESS			- 1		ADDRESS			
TITLE		DELETE	5.4 Cl		- ZIP	☐ Change ☐ Additi		
NAME		T-1 occur	6.2 NA			☐ puerde ☐ voditi		
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP			6.4 Ci					
14. I hereby co	ertify that the information supplied w	In this filing does not qualify	for the exc	mpti	ion stated in S	Section 119.07(3)(i), Florida Statutes. I further certify that the information		
officer or d	on this annual report or supplementa lirector of the corporation or the rece r Block 13 if changed, or on all atlac	eiver or trustee empowered to	ccurate and o executo t	tha his re	it my signature eport as requi	e shall have the same legal effect as if made under oath; that I am an ired by Chapter 607, Florida Statutes; and that my name appears in		