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

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 11, 1999 8:00am

**Secretary of State** 

02-11-1999 90053 014 \*\*\*150.00

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000047379

1. Corporation Name

ROPY, I	NC.						
Principal Plac	e of Business	Mailing Address			# JOBSTONY UED SERVE ENDLY DELATE ORBITE CONTR. CONTR.	YARUA I <b>oreo</b> 1	.1(1)   10015   1001
3230 NW 42ND ST. 3230 NW 42ND ST.							•
MIAMI FL 33142 MIAMI FL 33142					•		
					DO NOT WRITE IN THIS	SPACE	<u> </u>
					3. Date Incorporated or Qualifed 05/29/1997		,
Principal Place of Business 2a. Mailing Address					4. FEI Number		Applied For
26					65-0796006		Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27				5. Certificate of Status Desired See Required			
City & Stat	e	City & State			6. Election Campaign Financing	\$5.0	0 May Be
23		28			Trust Fund Contribution		ed to Fees
Zip	Country	Zip	Coun	try	8. This corporation owes the current year Inta	angible	
25 29			30		Personal Property Tax.	Yes	□No
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registered	Agent	•
		•	{	31 Name			
ROMAN, ELOY				32 Street Ac	ddress (P.O. Box Number is Not Acceptable)	<u> </u>	<del></del>
3230 NW 42ND ST.			- 1	32 SHEEL AL	idless (F.O. Box Number is Not Acceptable)		
MIAMI FL 33142			1	33			J. 4 5 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
			١.	34 City		(1) (1) (2) (1) (2) (1) (2) (1) (2) (1) (2) (2) (2) (2) (2) (2) (2) (2) (2) (2	p Code
			l'	City	FL	85 Zi	b Code
11. Pursuant office or re agent. I a	to the provisions of Sections 607.050; egistered agent, or both, in the State of m familiar with, and accept the obligat	2 and 607.1508, Florida Statutes of Florida. Such change was aut tions of, Section 607.0505, Floric	s, the about horized l da Statut	ove-named co by the corpora es.	orporation submits this statement for the purpose of ation's board of directors. I hereby accept the appoir	changing itment as	its registered registered
SIGNATURE						*	
12.	Signature, typed or printed name of registered agen		_	gent signature requ	ired when reinstating). DATE	D DIDEO	TODO (1) 40
	OFFICERS AN	D DIRECTORS	13.	1	ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	S S S S S S S S S S S S S S S S S S S	□ bere∗e	1.1 TITL			Chang	e
NAME	ROMAN, ELOY		1.2 NAM				
STREET ADDRESS	13304 NW 102 AVENUE		1.3 STRI	EET ADDRESS			Ŧ
CITY-ST-ZIP	MIAMI GARDENS FL 33018			-ST-ZIP			
TITLE	VP	☐ DEŁETE	2.1 TITLI	1		Change	e Addition
NAME	PICAYO, JESUS		2.2 NAM	E		- <del></del>	
STREET ADDRESS	226E 2ND STREET, APT 2D		2.3 STR	ET ADDRESS			
CITY-ST-ZIP	NEW YORK NY 10009		2. 4 CITY	'-ST-ZIP			
TITLE .		☐ DELETE	3.1 TITL			Change	e 🔲 Addition
NAME			3.2 NAM	E		•	
STREET ADDRESS	Section 1		3.3 STR	ET ADDRESS	The second secon	خ مان مان الأخا	
CITY-ST-ZIP			3.4. CITY				
TITLE		☐ DELETE	4.1 TITLE		AND		e 🔲 Addition
NAME			4. 2 NAM	1	,	_,	
			40.0700				

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 trystee 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.

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

5.1 TITLE 5.2 NAME

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

**SIGNATURE:** 

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

☐ DELETE

☐ DELETE

· Change

Addition

☐ Addition