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 28, 1999 8:00 am Secretary of State

04-28-1999 90012 024 ***150.00

DOCUMENT # P97000050431

ROCA ENTERPRISES, INC.

CASTILLO, LORENZO

2760 S.W. 139TH PLACE **MIAMI FL 33175**

Principal Place of Business	Mailing Address	1 1881/841 (19 (d)() (ab)() ab)() ab)() ab)() ab)()	#1#99 H:#1 H##		
2460 S.W. 13:TH AVE., SUITE 254 MIAMI FL 33175	2460 S.W. 137TH AVE SUITE 254 MIAMI FL 33175	DO NOT WRITE IN THIS SPACE			
		3. Date Incorporated or Qualifed 06/05/1997			
2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Appl ed For		
21 C/O R. Bengochea	26 C/O R. Bengochea	65-0759882	Not Applicab		
Suite, Art. #, etc. 22 / 0733 SW 142 Ct.	Suffe, Apt. #, etc. 27 10733 SW 142 Cf	\$8.7	75 Additional e Required		
City & State 23 Miami FL	City & State 28 Miami FL	1 * 1 1	.00 Iv ay Be ded to Fees		
Zip Country 24 33 / 86 25	Zip Country 29 33/86 30	8. This co-poration owes the current year Intangible Personal Property Tax. Yes	[]No		
9. Name and Address of Curre		10. Name and Address of New Registered Agent			

[]No ☐ Yes i Agent Bengochea

Street Address (P.O. Box Number is Not Acceptable) Miami

84 City Miemi	FL 85 Zip Code 33186	6
s, the above-named co poration submits this stat	ement for the purpose of changing its registe	re

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statures, the above-named corporation submits this office or registered agent, or both, in the State or Florida. Such change was a uthorized by the corporation's board of director agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

•		1 /			/// *)	1-199	
SIGNATURE	Signature, typed or printed nature of participated agent and	Title if applicable (NOT) : Re	gistered Agent signature re	egu red when reinstating)	DATE	<u>6/17</u>	
12.	OFFICERS AND I		13.		S/CHANGES TO OFFICERS /	ND DIFFECTOR	S IN 12
TITLE	PSD	DELETE	1.1 TITLE	President	Secretary Director	Change	☐ Addition
NAME	CASTILLO, LORENZO	,	1.2 NAME	Castillo.	Flor Place	·	ľ
STREET ADORE 3S	2760 S.W. 139TH PLACE		1.3 STREET ADDRESS	2760 SW	139 Flace		
CITY-ST-ZIP	MIAMI FL 33175		14 CITY-ST-ZIP	miami	FL 33175		
TITLE	VTD	☐ DELETE	2.1 TITLE			Change	☐ Addition
NAME	BENGOCHEA, ROSA C		2.2 NAME				
STREET ADDRESS	10733 S.W. 142ND COURT	•	2.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33186		2. 4 CITY-ST-ZIP	<u> </u>			
TITLE		☐ DELETE	3.1 TITLE			Change	Addition
NAME			3 2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4. CITY-ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE			Change	☐ Addition
NAME			4 2 NAME				
STREET ADDRESS			4 3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE			Change	☐ Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP			☐ Change	Addition
TITLE		☐ DELETE	6.1 TITLE			Change	☐ Addition
NAME			6.2 NAME				
STREET ADDRESS	'		6.3 STREET ADDRESS	I			

14. I heret y certify that the information supplied with this filling 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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP