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

PROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 MAY 11 PM 4:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000068701

1. Corporation Name
ROA GROUP INC

Principal Place of Business / Mailing Address
770 N.W 119 ST
MIAMI FL 33168

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 5/8/97

2. Principal Place of Business
21

Suite, Apt. #, etc.
22

City & State
23

Zip / Country
24 / 25

2a. Mailing Address
26

Suite, Apt. #, etc.
27

City & State
28

Zip / Country
29 / 30

4. FEI Number — ☑ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ — **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

KENUEL S Cox
2633 ADAMS ST
Hollywood FL 33020

10. Name and Address of New Registered Agent

81 Name K S Cox
82 Street Address (P.O. Box Number is Not Acceptable) 2633 ADAMS ST
83
84 City Hollywood FL 85 Zip Code 33020

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.

SIGNATURE K S Cox
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☒ Addition KELSON S COX 2633 ADAMS ST Hollywood FL 33020
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☒ Addition Dorcas Cox SEC TRE. 2633 ADAMS ST Hollywood FL 33020
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DEANNE WATE 2633 ADAMS ST Hollywood FL	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☒ Addition KENUEL Cox V.P 2633 ADAMS ST Holly wood FL 33020
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	600002521736--9 -05/13/98--01056--004 ****158.75 ****158.75
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition 5/11/98

CR2E034 (10/97)

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, or on an attached amendment, with an address.

SIGNATURE: K S Cox
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #