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**

DOCUMENT # P97000080474 (4)

ROCHERS ISLAND ENTERTAINMENT, INC.

FILED Jan 28 1998 8:00am Secretary of State



Principal Place of Business	Mailing Address			HILL TOLIL GIGIL HEBLI DISI IQDI
801 NORTHEAST 96TH STREET 801 NORTHEAST 96TH STREET MIAMI SHORES FL 33138 MIAMI SHORES FL 33138		REET		
			DO NOT WRITE IN THIS	SPACE
			3. Date Incorporated or Qualified 09/17/1997	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 Same as above	26 Same as	above	<u>65-0787510</u>	Not Applicable
Sulte, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23	28		Trust Fund Contribution	Added to Fees
Zip Country	Zip	Country	8. This corporation owes or has paid the co	urrent year Intangible
24 25		10	Personal Property Tax due June 30.	☐ Yes ☐ No
g. Name and Address of Curre	int Registered Agent	10111	10. Name and Address of New Registered	1 Agent
AMERILAWYER CHARTERED 81 Name The			Newdorson Financial Group	
			Address (P.O. Box Number is Not Acceptable)	
CORAL GABLES FL 33134			411 COMMERCE Way, Suite " 220	
		83	J	
Í		84 City VA	(L ==r	85 Zip Code
		111	iami Lakes Fl	
 Pursuant to the provisions of Sections 607.05 office or registered agent, or both, in the State 	02 and 607.1508, Florida Statules c of Florida. Such change was au	s, the above-named corp thorized by the corporat	poration submits this statement for the purpose i sion's heard of directors. I hereby accept the ac-	of changing its registered
agent. I am familiar with, and accept the oblig	gations of Section 607.0505, Flori	da Statutes.	is to sould or all octors, the object the ta	
KSIGNATURE KOBERT HENDER		Sec.		7/98
. Signature typed or printed name of registered as		Registered Agent signature requir	——————————————————————————————————————	
BOTA	ND DIRECTORS DELETE	13. 1.1 HTLE	ADDITIONS/CHANGES TO OFFICERS AN	DIRECTORS IN 12 :
401110140 (00=0) (0	occir			L change L Addition
ANA MORTHEACT CATH OTO	CET	1.2 NAME		
ANALY OLIOPEO EL ANADA	LLI	1.3 STREET ADDRESS		\ <u> </u>
CITY-ST-ZIP MIAMI SHURES FL 33138	DELETE	1.4 City-St-ZIP 2.1 Title		Change Addition
	C veen			L'I CHAUBE L'I VOULINI
NAME		2 2 NAME		
STREET ADDRESS		2 3 STREET ADDRESS		
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STREET ADDRESS		4.3 STREET ADDRESS		}
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NAME		5.2 NAME		1// //
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CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE	DELETE	6.1 TITLE		-L-Change Addition
NAME		6.2 NAME	6000024155 -01/29/98010060	The state of the s
			-01/23/38010060	UU
STREET ADDRESS		6.3 STREET ADDRESS	***150 . 00	ļ
Í CITY-ST-ZIP Í		6.4 CITY - ST - ZIP		i

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 attachment with an address.

1/98