

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

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90033 048 ***150.00

DOCUMENT # P97000084773

1. Corporation Name
ROFIJA CORP.

Principal Place of Business
1121 CRANDON BLVD STE E-1204
KEY BISCAYNE FL 33149

Mailing Address
1121 CRANDON BLVD STE E-1204
KEY BISCAYNE FL 33149

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/29/1997

4. FEI Number

~~APPLIED FOR~~ 65-0836190

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

ORTA, JORGE R
600 BRICKELL AVE STE 603
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

ORTA, JORGE R.

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

2600 S.W. 3 RD. AVENUE

83

SUITE - 800 - B

84 City

MIAMI-

FL

85 Zip Code

33129

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE
NAME CRUZ, JOSEPHINE
STREET ADDRESS 1121 CRANDON BLVD STE E-1204
CITY-ST-ZIP KEY BISCAYNE FL 33149

TITLE DV ☐ DELETE
NAME ROBERT, CRUZ A
STREET ADDRESS 22821 WARRICK WOOD CT
CITY-ST-ZIP BOCA RATON FL 33433

TITLE DS ☐ DELETE
NAME ALEJANDRO, ROTUNDO
STREET ADDRESS 22821 WARRICK WOOD CT
CITY-ST-ZIP BOCA RATON FL 33433

TITLE DVS ☐ DELETE
NAME ROUNDO, JOHN A
STREET ADDRESS 22821 WARRICK WOOD CT
CITY-ST-ZIP BOCA RATON FL 33433

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

Signature, typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E034 (11/98)