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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEF'ARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000010591

1. Corporation Name

RODGAR CORP.

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90062 026 ***150.00



Principal Place of Business Mailing Address					- 1 SAMELINER III INCHI INCHI INCHI		OBIO BINA	9101 81 100
432 LAKESIDE CIRCLE SUNRISE FL 33326 432 LAKESIDE CIRCLE SUNRISE FL 33326					DO NO	OT WRITE IN THIS SP	ACE	
					3. Date incorporated or Q			
					02/03/1998			-
2. Principal Place of Business 2a. Mailing Address						1021 703	App	lied For
21 3914	HAWKS CT_	26 3914 HA	WKS	CT	63-	0825793		Applicable
Suite, Apt. 1	27				5. Certificate of Status De-	Fee Required		
City & State	TON, 71		WESTON, 71			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees		
Zip Country Zip			Country	<i>'</i>	8. This corporation owes			□No
24 33331 25 29 3333/ 30			0		Personal Property Tax. 10. Name and Address of			
	9. Name and Address of Curren	t Registered Agent	81	Name	10. Marile and Address o	Hew Register ed Ag		
GARCIA, RODOLFO G								
432 LAKESIDE CIRCLE SUNRISE FL 33326			82	Street Addr	ress (P.O. Box Number is Not	Acceptable)		
			83	 				
				ļ			0 = Tim ()	
			84	City		FL	85 Zip C	ode
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obligations.	of Florida. Such change was auth	norized by	the corporation	poration subm ts this statement on's board of directors. I hereb	for the purpose of chi y accept the appointm	anging its lent as reg	egistered istered
l .	The state of the s						_	
SIGNATURE Signature, typed or printed it ime of registered agen; and title if applicable (NO E. Re				nt signature recuire		DATE		
12.	OFFICERS AN		13.		ADDITI ONS/CHANGES		Change	RS IN 12 Addition
TITLE	PD	☐ DELETE	1.1 TITLE	-		L	_ Change	☐ Addition
NAME	GARCIA, RODOLFO G		1.2 NAME					
STREET ADDRESS	432 LAKESIDE CIRCLE		1	TADDRESS				
CITY-ST-ZIP	SUNRISE FL 33326			ST-ZIP	<u> </u>		7 Change	Addition
TITLE		☐ DETS IE	2.1 TITLE			_	_ change	
NAME			2.2 NAME					
STREET ADDRI SS	1		1	T ADDRESS				
CITY-ST-ZIP			2 4 CITY- 3.1 TITLE	\$1-ZIP			Change	Addition
TITLE				-		_	_ ,	_
NAME			3.2 NAME	T ADDRESS				
STREET ADDRESS			3.4. CITY-					
CITY-ST-ZIP TITLE		DELETE 4.1		31-21] Change	☐ Addition
NAME			4. 2 NAME	.				
i			I	TADDRESS				
STREET ADDRESS			4.4 CITY-5	1				
CITY-ST-ZIP		☐ DELETE	51 TITLE				Change	Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREE	ET ADDRESS)
CITY-ST-ZIP			5.4 CITY-5	ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE				Change	Addition
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREE	TADDRESS				
CITY-ST-ZIP			6.4 CITY-	ST-ZIP				
		11 11 12 CV		Aires page and in 1	Section 110 07/3\(ii) Florida St	atutes. I further certify	that the in	vormation

SIGNATURE:

SIGNING OFFICE & OR DIRECTOR

Daytime Phone #