

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

0572585

FILED
Mar 23, 1999 8:00 am
Secretary of State

03-23-1999 90001 036 ***150.00

DOCUMENT # P98000010924

1. Corporation Name
ROC ENTERPRISES CORPORATION

Principal Place of Business 8369 NW 66TH STREET MIAMI FL 33166	Mailing Address C/O GUNSTER YOAKLEY VALDES-FAULI & STEWART 1 BISCAYNE TOWER #3400 2 S BISCAYNE BLVD MIAMI FL 33131
2. Principal Place of Business 21 8311 NW 66 th Street	2a. Mailing Address 26 Suite, Apt. #, etc.
22	27 City & State 23 Miami, Florida
24 Zip 33166	Country 25 USA
29	30



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/30/1998	
4. FEI Number 65-0813014	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.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

VALDES-FAULI CORPORATE SERVICES, INC.
ONE BISCAYNE TOWER SUITE 3400
2 SOUTH BISCAYNE BLVD
MIAMI FL 33131

81	Name	
82	Street Address (P.O. Box Number is Not Acceptable)	
83		
84	City FL	85 Zip Code

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	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> DELETE Cleto, RAUL OSORIO 8369 NW 66TH STREET MIAMI FL 33166	P/S/D <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Cleto, Raul Osorio 8311 N.W. 66th Street Miami, Florida 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 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: Cleto, Raul Osorio

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/99 (305) 466-1027

Date

Daytime Phone #

CR2E034 (11/98)