


FILED
Mar 14, 1999 8:00 am
Secretary of State

03-14-1999 90002 037 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS																																																																																																																									
DOCUMENT # P98000039761																																																																																																																													
1. Corporation Name ROLLING SHIELD OF TEXAS, INC.																																																																																																																													
Principal Place of Business C/O MARQUEZ & FERNANDEZ P.A. 782 NW LE JEUNE RD. STE 548 MIAMI FL 33126			Mailing Address C/O MARQUEZ & FERNANDEZ P.A. 782 NW LE JEUNE RD. STE 548 MIAMI FL 33126																																																																																																																										
2. Principal Place of Business C/O Nicolas Fernandez, P.A. Suite, Apt. #, etc. 780 NW LeJeune Rd Ste 324 City & State Miami, Florida Zip 33126 Country USA		2a. Mailing Address 780 NW LeJeune Rd Suite, Apt. #, etc. Suite 324 City & State Miami, Florida Zip 33126 Country USA		3. Date Incorporated or Qualified 05/01/1998																																																																																																																									
4. FEI Number 58-2391325		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																																																																									
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		DO NOT WRITE IN THIS SPACE																																																																																																																									
9. Name and Address of Current Registered Agent ESQUIRE CORPORATE SERVICES, INC. 782 NW LE JEUNE RD, STE 548 MIAMI FL 33126			10. Name and Address of New Registered Agent Esquire Corporate Services, Inc. 780 NW Lejeune Rd Ste 324 Miami FL 33126																																																																																																																										
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 <u>Ana Perez-Fernandez</u> DATE <u>3-10-95</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small>																																																																																																																													
12. OFFICERS AND DIRECTORS																																																																																																																													
<table border="1"> <tr> <td>TITLE</td> <td><input type="checkbox"/> DELETE</td> <td>1.1 TITLE</td> <td>DPS</td> <td><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td>1.2 NAME</td> <td>Delgado, Jose Antonio</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>1.3 STREET ADDRESS</td> <td>8900 NW 119th Street</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>1.4 CITY-ST-ZIP</td> <td>Hialeah, Florida 33018</td> <td></td> </tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> DELETE</td> <td>2.1 TITLE</td> <td>VP</td> <td><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td>2.2 NAME</td> <td>Sanso, Silvio</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>2.3 STREET ADDRESS</td> <td>8900 NW 119th Street</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>2.4 CITY-ST-ZIP</td> <td>Hialeah, Florida 33018</td> <td></td> </tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> DELETE</td> <td>3.1 TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td>3.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>3.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>3.4 CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> DELETE</td> <td>4.1 TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td>4.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>4.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>4.4 CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> DELETE</td> <td>5.1 TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td>5.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>5.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>5.4 CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> DELETE</td> <td>6.1 TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td>6.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>6.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>6.4 CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>						TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	DPS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME		1.2 NAME	Delgado, Jose Antonio		STREET ADDRESS		1.3 STREET ADDRESS	8900 NW 119th Street		CITY-ST-ZIP		1.4 CITY-ST-ZIP	Hialeah, Florida 33018		TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME		2.2 NAME	Sanso, Silvio		STREET ADDRESS		2.3 STREET ADDRESS	8900 NW 119th Street		CITY-ST-ZIP		2.4 CITY-ST-ZIP	Hialeah, Florida 33018		TITLE	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		3.2 NAME			STREET ADDRESS		3.3 STREET ADDRESS			CITY-ST-ZIP		3.4 CITY-ST-ZIP			TITLE	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		4.2 NAME			STREET ADDRESS		4.3 STREET ADDRESS			CITY-ST-ZIP		4.4 CITY-ST-ZIP			TITLE	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		5.2 NAME			STREET ADDRESS		5.3 STREET ADDRESS			CITY-ST-ZIP		5.4 CITY-ST-ZIP			TITLE	<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		6.2 NAME			STREET ADDRESS		6.3 STREET ADDRESS			CITY-ST-ZIP		6.4 CITY-ST-ZIP		
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	DPS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition																																																																																																																									
NAME		1.2 NAME	Delgado, Jose Antonio																																																																																																																										
STREET ADDRESS		1.3 STREET ADDRESS	8900 NW 119th Street																																																																																																																										
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Hialeah, Florida 33018																																																																																																																										
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition																																																																																																																									
NAME		2.2 NAME	Sanso, Silvio																																																																																																																										
STREET ADDRESS		2.3 STREET ADDRESS	8900 NW 119th Street																																																																																																																										
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Hialeah, Florida 33018																																																																																																																										
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																									
NAME		3.2 NAME																																																																																																																											
STREET ADDRESS		3.3 STREET ADDRESS																																																																																																																											
CITY-ST-ZIP		3.4 CITY-ST-ZIP																																																																																																																											
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																									
NAME		4.2 NAME																																																																																																																											
STREET ADDRESS		4.3 STREET ADDRESS																																																																																																																											
CITY-ST-ZIP		4.4 CITY-ST-ZIP																																																																																																																											
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																									
NAME		5.2 NAME																																																																																																																											
STREET ADDRESS		5.3 STREET ADDRESS																																																																																																																											
CITY-ST-ZIP		5.4 CITY-ST-ZIP																																																																																																																											
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																									
NAME		6.2 NAME																																																																																																																											
STREET ADDRESS		6.3 STREET ADDRESS																																																																																																																											
CITY-ST-ZIP		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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)