FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -2 PM 2:46

DOCUMENT # **S11171** **(3)**

1. Corporation Name
ROTAR PROPERTIES, INC.

Principal Place of Business	Mailing Address
1710 WAKEENA DR COCONUT GROVE FL 33133-2438	1710 WAKEENA DR COCONUT GROVE FL 33133-2438

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/05/1990
3a. Date of Last Report: 04/04/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: 59-0229670 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CASTILLO, ALVARO
1 SE 3 AVE
1440 AMERIFIRST BLDG
MIAMI FL 33131

Please note change

10. Name and Address of New Registered Agent

81 Name: ALVARO CASTILLO, Esq.
82 Street Address (P.O. Box Number is Not Acceptable): 1533 Sunset Drive, Ste 201
83: Miami, Florida
84 City: FL 85 Zip Code: 33143

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 this 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] 1-24-95
(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	D	1.1 TITLE	P ☐ Change ☐ Addition
NAME	ARGUELLO, ROBERTO, SR.	1.2 NAME	Palazio, Jenny
STREET ADDRESS	50 E 89 ST TH 52	1.3 STREET ADDRESS	50 E. 89 ST, TH 52
CITY-ST-ZIP	NEW YORK NY	1.4 CITY-ST-ZIP	New York, NY 10128
TITLE	D	2.1 TITLE	P ☐ Change ☐ Addition
NAME	ARGUELLO, MATILDE	2.2 NAME	Arguello, Matilde
STREET ADDRESS	50 E 89 ST TH 52	2.3 STREET ADDRESS	50 E. 89 ST, TH 52
CITY-ST-ZIP	NEW YORK NY	2.4 CITY-ST-ZIP	New York, NY 10128
TITLE	D	3.1 TITLE	P ☐ Change ☐ Addition
NAME	ARGUELLO, ROBERTO, JR.	3.2 NAME	Arguello, Roberto, SR.
STREET ADDRESS	1710 WAKEENA DR	3.3 STREET ADDRESS	1710 Wakeena Drive
CITY-ST-ZIP	COCONUT GROVE FL	3.4 CITY-ST-ZIP	Coconut Grove, FL 33133
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: [signature] JAN 22 / 95 305-789-1429
SIGNATURE AND TYPED OR PRINTED NAME OF FLORIDA OFFICER OR DIRECTOR — Date — Daytime Phone #

0130220 CP