

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # S23240 (2)

1. Corporation Name

ROPAS & MAQUINAS INDUSTRIALES CORPORATION



Principal Place of Business

Mailing Address

8517 NW 66TH ST  
MIAMI FL 33166

8517 NW 66TH ST  
MIAMI FL 33166

3. Date Incorporated or Qualified  
01/08/1991

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0246786

Applied For

Not Applicable

22

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

23

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

24

8. This corporation has liability for intangible tax under s. 190.03?  
Florida Statutes ☐ Yes ☐ No

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PICHARDO, RAFAEL  
5304 SW 152 CT  
MIAMI FL 33185

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 re-registering)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

P

☐ DELETE

1.1 TITLE

☐ Change ☐ Addition

NAME

PICARDO, RAFAEL

1.2 NAME

STREET ADDRESS

5304 SW 152 CT

1.3 STREET ADDRESS

CITY - ST - ZIP

MIAMI FL 33185

1.4 CITY - ST - ZIP

TITLE

D

☐ DELETE

2.1 TITLE

☐ Change ☐ Addition

NAME

FRAGA, MANUEL

2.2 NAME

STREET ADDRESS

9001 SW 12 ST

2.3 STREET ADDRESS

CITY - ST - ZIP

MIAMI FL

2.4 CITY - ST - ZIP

TITLE

☐ DELETE

3.1 TITLE

☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY - ST - ZIP

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

TITLE

☐ DELETE

4.1 TITLE

☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY - ST - ZIP

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

TITLE

☐ DELETE

5.1 TITLE

☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY - ST - ZIP

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

TITLE

☐ DELETE

6.1 TITLE

☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY - ST - ZIP

6.2 NAME

6.3 STREET ADDRESS

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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/20/96

305-597-0399

CR2E034 (3/96)