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**

DOCUMENT # **S23713**

1. Corporation Name

ROJO OVERSEAS, INC.

Principal Place of Business Mailing Address 13727 SW 152-81 13727 SW 152-STREET SUITE 325 DO NOT WRITE IN THIS SPACE MIAM#FL 33177 MIAMAFE 33177 3. Date Incorporated or Qualifed 01/08/1991 2. Principal Place of Business 4. FEI Number Applied For 2a. Mailing Address PONS 10 MAROW 26 GO HARAW 65-0334244 Not Applicable Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certifcate of Status Desired DR Fee Required 9370 SUNSET 9390 SUNSEF City & State Election Campaign Financing \$5.00 May Be City & State \Box MIDMIL Trust Fund Contribution Added to Fees MIA MI Country Zip Country 8. This corporation owes the current year Intangible 33103 33173 Personal Property Tax. 30 29 Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name MARTIN 81 Jons PONS, MARTIN E. Street Address (P.O. Box Number is Not Acceptable)
9370 SUNSET DR 82 9370 SUNSET DR # A-14) SUNSE SUITE 83 MIAMI FL 33131 85 Zip Code 84 City 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. Tam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. MARTIN (JONS Ueur یح SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. □ DELETE Change ☐ Addition 1.1 TITLE TITLE PONS, MARTIN E. 12 NAME NAME # A-110 SUNSET DO 13727 SW 152 ST #325 9370 1.3 STREET ADDRESS STREET ADDRESS MIDMI MIAMI FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change □ DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ DELETE TITLE 3.1 TITLE . 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 34 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADORESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY+ST-ZIP 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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

TITLE

NAME

STREET ADORESS

CITY-ST-ZIP

☐ DELETE

Change

☐ Addition

Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90081 040 ***150.00

CR2E034 (1.1/98)