

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra D. Northam Secretary of State DIVISION OF CORPORATIONS
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**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR 13 PM 2:16

DOCUMENT # S42097 (3) 1. Corporation Name ROPA ENTERPRISES INC.

Principal Place of Business 8460 N.W. 24TH ST. SUNRISE FL 33322	Mailing Address 8460 N.W. 24TH ST. SUNRISE FL 33322
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DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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3. Date Incorporated or Qualified 04/01/1991	3a. Date of Last Report 04/21/1994
4. FEI Number NOT APPLICABLE	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. 190.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent RICHARDS, RONALD 8460 N.W. 24TH ST. SUNRISE FL 33322	10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City 85. Zip Code
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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 _____ DATE _____
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	D RICHARDS, RONALD 8460 N.W. 24TH ST. SUNRISE FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	VP RICHARDS, PAULINE 8460 NW 24 ST SUNRISE FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY, ST, ZIP	☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information as indicated on this annual report or supplementary 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: Pauline Richards (PAULINE RICHARDS) 4/7/95 746-5357
(Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)