

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S89340** (1)

1. Corporation Name

RODRIGUEZ CONSULTING SERVICES, INC.



Principal Place of Business

**16445 COLLINS AVE., SUITE 1125
MIAMI BEACH FL 33160**

Mailing Address

**16445 COLLINS AVE., SUITE 1125
MIAMI BEACH FL 33160**

2. Principal Place of Business

21 Suite, Apt., #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt., #, etc.

27 City & State

28 Zip

Country

29

3. Date Incorporated or Qualified

10/23/1991

3a. Date of Last Report

01/24/1995

4. FEI Number

65-0489723

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

**RODRIGUEZ, CARLOS
16445 COLLINS AVE.
SUITE 1125
MIAMI BCH. FL 33160**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 of Registered Agent or Officer or Director (Required when changing registered agent)

Signature of Registered Agent or Officer or Director (Required when changing registered agent)

Date

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE

NAME
D RODRIGUEZ, CARLOS M
STREET ADDRESS
16445 COLLINS AVE. #1125
CITY, ST, ZIP
MIAMI BEACH FL 33160

1.2 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP

1.3 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP

1.4 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP

1.5 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP

1.6 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

6.1 TITLE ☐ Change ☐ Addition

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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if I am registered or an individual with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/96

3059474163

CR2E034 (12/95)