FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S98386

(3)

ROKA ENTERPRISES, INC.

Principal Place of Business Mailing Addre					T FEBRUARIA ILIA JANAN, KAMADA MIREN MARKA ANTRA	EIBII QIBII QIBII	iteti eleli el	
4800 N UNIVERSITY DR CORAL SPRINGS FL 33067 US		4600 N UNIVERSITY DR CORAL SPRINGS FL 33067-4601 US			·			
00					3. Date Incorporated or Qualified 12/06/1991	3a. Date (port
2. Principal Pl	ace of Business	2a. Mailing Address			4, FEI Number			lied For
21		26			65-0297592	Not Applicable S8.75 Additional		
Suite, Apt. :	#, etc	Suite. Apt. #, etc.			5. Certificate of Status Desired	<u> </u>	Fee Req	
City & State)	City & State			6. Election Campaign Financing		\$5.00 N	
23		28			Trust Fund Contribution	Ц	Added to	
Zip	Country	Zip		ountry ,	8. This corporation has liability for			199.032,
24	[25]	29	30		Florida Statutes 10. Name and Address of New Re			
	g. Name and Address of Curren	t negistered Agent		81 Name	10. Name and Address of New No	Aletelen vå		
MIRET, ROLANDO 4600 N UNIVERSITY DR CORAL SPRINGS FL 33067				82 Street Addre	ess (P.O. Box Number is Not Acceptate	ole)		
				83				
				84 City		FL	35 Zip C	ode
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such change was	. authoriz	ed by the corporati	oration submits this statement for the pon's board of directors. I hereby accept	ourpose of ch pt the appoin	anging its iment as r	registered egistered
SIGNATURE		400	75 B			DATE		
	Signature, typed or printed name of registered age OFFICERS ANI		IIE: Registe	red Agent signature require	ADDITIONS/CHANGES TO OFFIC		BECTORS	N 12
12.	PSD	DELETE		TITLE	ADDITIONO/OFFICE TO OFFIC		Change	Addition
NAME	MIRET, ROLANDO			NAME			-]
STREET ADDRESS	4600 N UNIVERSITY DR			STREET ADDRESS				
CITY-S1-74P	CORAL SPRINGS FL		1.4	CITY-ST-ZIP				
TITLE		DELETE		TITLE			Change	☐ Addition
NAME			22	NAME				
STREET ADDRESS			23	STREET ADDRESS				
CITY-ST-ZIP			2 4	CITY-ST-ZIP				
TITLE		DELETE	31	TITLE			Change	Addition
NAME			32	NAME		•		
STREET ADDRESS			33	STREET ADDRESS	•			
CITY - ST - ZIP			34	CITY-ST-ZIP				
TOLE		☐ DELETE	4.1	TITLE			Change	Addition
NAME			4.2	NAME				}
STREET ADDRESS			4.3	STREET ADDRESS				

CITY-ST-ZIP

14. I do 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 on the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 of Block 13 if changed or on an address.

4.4 CITY - ST - ZIP

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

Crity - S1 - ZIP

STREET ADDRESS City-St-7ip

STREET ADDRESS

TITLE

NAME

TITLE NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

DELETE

18-97 954-971-5590

FILED

Jan 22 1997 8:00am

Secretary of State

Dayline Frione #

Change

Change

Addition

___ Addition

R2E034 (9/96)