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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 1. Corporation Name

S98386

(3)

ROKA ENTERPRISES, INC.

Principal Place of Business Mailing Address

FILED May 04 1998 8:00am Secretary of State



4800 N UNIVERSITY DR CORAL SPRINGS FL 33067 US		4600 N UNIVERSITY DR CORAL SPRINGS FL 33067 US		DO NOT W	RITE IN THIS S	BPACE			
					12/06/1991	.eu			
2. Principal Place of Business 2a. Mailing Address					4. FEI Number		A	pplied For	
21 10214		26			65-0297592		N	ot Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certificate of Status Desired		•	Additional equired	
City & Stat	184 11	City & State	I		Election Campaign Financir Trust Fund Contribution) 0		May Be to Fees	
24 333	3335 \ 25 US. 29 30			Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No					
9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent MIDST DOLANDO 81 Name									
MIRET, ROLANDO				Name					
4600 N UNIVERSITY DR CORAL SPRINGS FL 33067				Street	Address (P.O. Box Number is Not Acce	plable)			
			83						
			84	City		FL	85 Zip	Code	
11. Pursuant	to the provisions of Sections 607,0502 a	ind 607.1508, Florida Statute	es, the above	Le-named	d corporation submits this statement for t	he number of	L l changing it	ts 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									
12.	Signature, typod or pointed name of registered agent a OFFICERS AND [ent signature	e required when reinstating)	DATE			
TITLE	PSD	DELETE	13.		ADDITIONS/CHANGES TO O		DIRECTOR Change	Addition	
NAME	MIRET, ROLANDO		1.2 NAME		Rafael Miret	!	E) Ollarigo		
STREET ADDRESS	4600 N UNIVERSITY DR		1.3 STREET	ADDRESS	10014 NW 47 Street				
CITY-ST-ZIP	CORAL SPRINGS FL		1.4 CITY - S		Sunrise FL 3339	51		_	
TITLE		DELETE	2.1 TITLE	• • • •	Vice President		Change	Addition	
NAME			2.2 NAME		La contatal	المسا			
STREET ADDRESS			2.3 STREET	ADDRESS	10214 KI.W. 47 ST	ter			
CITY-ST-ZIP			2.4 CHY-	ST - ZIP	Sunrise, FL 33	351			
TITLE		☐ DELETE	3.1 TITLE				Change	☐ Addition	
NAME			3.2 NAME					i	
STREET ADDRESS			3.3 STREET					1	
CITY-ST-ZIP TITLE		DELETE	3.4. CITY - 5 4.1 TITLE	i - ZIP			Change	Addition	
NAME		_ tetter	4. 2 NAME			L	Change	Addition	
STREET ADDRESS			4.3 STREET	ADDRESS					
CITY-ST-ZIP			4.4 CITY - S						
TITLE		DELETE	5.1 TITLE				Change	Addition	
NAME			5.2 NAME		·				
STREET ADDRESS			5.3 STREET	ADDRESS .					
CITY-ST-ZIP		<u></u>	54 City-S	- ZIP					
TITLE		DELETE	6.1 TITLE				Change	Addition	
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREET	address					
CITY-ST-ZIP	extifus that the information annulised with	1.5-40	6.4 CITY-S	r- ZIP					

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.