FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

FILED
95 MAY -1 PM 1:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V53478** **(6)**

1. Corporation Name
ROLUZ ENTERPRISES, INC.

Principal Place of Business	Mailing Address
520 W. HWY 436 1118 ALTAMONTE SPGS FL 32714 US	5622 CATSKILL CT. WINTER SPGS FL 32708-5077 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/28/1992
3a. Date of Last Report: 04/29/1994
4. FEI Number: 59-3160905 ☐ 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
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

OROZCO, LUZ H.
5622 CATSKILL COURT
WINTER SPRINGS FL 32708

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City **FL** 65 Zip Code

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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE		☐ Change ☐ Addition
NAME	OROZCO, RAUL	1.2 NAME		
STREET ADDRESS	5622 CATSKILL CT.	1.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER SPGS FL	1.4 CITY-ST-ZIP		
TITLE	VPS	2.1 TITLE		☐ Change ☐ Addition
NAME	OROZCO, LUZ H	2.2 NAME		
STREET ADDRESS	5622 CATSKILL CT.	2.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER SPGS FL	2.4 CITY-ST-ZIP		
TITLE	T	3.1 TITLE	TREASURER	☒ Change ☐ Addition
NAME	OROZCO, JOSE D	3.2 NAME	OROZCO, JOSE D.	
STREET ADDRESS	575 CALIBRE CREST PKWY #201	3.3 STREET ADDRESS	592 NORTHRIDGE DRIVE	
CITY-ST-ZIP	ALTAMONTE SPGS FL	3.4 CITY-ST-ZIP	ALT. SPGS, FL 32714	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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 changed, or on an attachment with an address.

SIGNATURE: [signature] 4/27/95 (407) 788-9319
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0048990 CP