

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

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # V63964 (3)

1. Corporation Name:

ROCA TRADING, INC.



Principal Place of Business:

**6407 NWE 199TH LANE
HIALEAH FL 33015**

Mailing Address:

**6407 NWE 199TH LANE
HIALEAH FL 33015**

2. Principal Place of Business:

2a. Mailing Address:

21. **6407 N.W. 199 Lane**

26. **6407 N.W. 199 Lane**

22. City & State:

27. City & State:

23. **Hialeah - Fla.**

28. **Hialeah Fla.**

24. **33015**

25. **Dade**

29. **33015**

30. **Dade**

9. Name and Address of Current Registered Agent:

**ROCA, PEDRO
6407 NW 199TH LANE
HIALEAH FL 33015**

3. Date Incorporated or Qualified:

09/15/1992

3a. Date of Last Report:

01/24/1995

4. FEI Number:

65-0357530

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

10. Name and Address of New Registered Agent:

81. Name:

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

83.

84. City:

FL

85. 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:

(Signature type for principal place of business agent and the stockholder)

(NOTE: Registered Agent signature required when resigning)

DATE:

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	ROCA, PEDRO	
STREET ADDRESS	6407 NW 199TH LANE	
CITY-ST-ZIP	HIALEAH FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pedro Roca
Pedro Roca
President

1-12-96

Date:

305-624-0608

Daytime Phone #

CR2E034 (12/95)