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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V63964

1. Corporation Name

ROCA TRADING, INC.

Principal Plac	e of Business	Mailing Addre	66		·····						
6407 NW 199 L		6407 NW 199 L									
HIALEAH FL 33		HIALEAH FL 33									
US	,	, US						DO NOT WR		SPACE	
							3. Date Incorpora 09/15/1992				
	lace of Business	2a. Mailing Ad	ldress				4. FEI Number	^			Applied For
21		26	-u				65-035753	<u> </u>			Not Applicable
Suite, Apt.	#, etc	Suite, Apt.	#, etc.				5. Certificate of S	tatus Desired	¥	•	Additional Required
City & Stat	re ·	City & Sta	te				6. Election Camp	aign Financing		\$5.0	0 May Be
23		28					Trust Fund Co	ntribution		Adde	d to Fees
Zip	Country	Zip	_	Country	у		8. This corporation		rent year In	<u></u>	E78
24	25	29		30			Personal Prop			☐ Yes	No
	9. Name and Address of Curre	nt Registered Agen	ıt	81	41 51-		10. Name and Ad	dress of New	Registered	Agent	
BOC	A, PEDRO			01	1 Nai	TIE					
	NW 199TH LANE			82	2 Str	eet Addre	ess (P.O. Box Numbe	er is Not Accept	able)		***
	EAH FL 33015			83	2			r			3.12.3.12.35.
(0.3	۱"						3 Au 33
				84	4 City	/			FL	85 Zi	p Code
5,1,2,3,1,	to the provisions of Sections 607.050	00 and 607 1500 Ek	orldo Ctatutas	the eher		and corne	estion submits this s	tatement for the		changing	ite registered
l office or r	egistered agent, or both, in the State	of Florida. Such cha	ange was aut	thonzed by	y the c	orporation	n's board of directors	s. I hereby acce	pt the appoi	intment as	registered
agent. I a	m familiar with, and accept the obliga	ations of, Section 60	7.0505 Elorid	da Statute							
I -		1 1	,	da Otatoto.	S.						
SIGNATURE	Signature hand or printed game of registered game					une required	when reinstating)	·	DATE		
	Signature, typed or printed name of registered age	ent and title if applicable		Registered Age		beriuper eru	when reinstating)	IANGES TO OF	DATE FICERS AN	ND DIREC	TORS IN 12
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14. I hereby certify that the information supplied with his 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 changes, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

FILED

Jan 21, 1999 8:00am

Secretary of State 01-21-1999 90062 028 ***158.75