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

APPROVED AND FILED

95 MAY -1 PM 2:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V64943** **(6)**

1. Corporation Name
ROLOMAC INTERNATIONAL INC.

Principal Place of Business	Mailing Address
605 77TH STREET SUITE 2 MIAMI BEACH FL 33141	605 77TH STREET SUITE 2 MIAMI BEACH FL 33141

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **09/18/1992**
39. Date of Last Report: **05/01/1994**

2. Principal Place of Business	2a. Mailing Address
21 9550 Bay Harbor Terr.,	26 9550 Bay Harbor Terr.,
Suite, Apt. #, etc. 22 Suite 202	Suite, Apt. #, etc. 27 Suite 202
City & State 23 Bay Harbor Island, FL	City & State 28 Bay harbor Island, FL
Zip / Country 24 33154 / 25 USA	Zip / Country 29 33154 / 30 USA

4. FEI Number: **65-0357654** ☐ 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

6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

MAZZOLINO, GUS
605 77TH STREET
SUITE 2
MIAMI BEACH FL 33141

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 9550 Bay Harbor Terr.,
83 Suite 202
84 City: Bay Harbor Island **FL** 85 Zip Code: 33154

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	D	11 TITLE	☐ Change ☐ Addition
NAME	MAZZOLINO, GUS	12 NAME	
STREET ADDRESS	605 77TH ST #2	13 STREET ADDRESS	9550 Bay Harbor Terr., Suite 202
CITY-ST-ZIP	MIAMI BEACH FL	14 CITY-ST-ZIP	Bay Harbor Island, FL 33154
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	NASH, MAUREEN	22 NAME	
STREET ADDRESS	605 77TH ST #2	23 STREET ADDRESS	9550 Bay Harbor Terr., Suite 202
CITY-ST-ZIP	MIAMI BEACH FL	24 CITY-ST-ZIP	Bay Harbor Island, FL 33154
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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)(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 changed, or on an attachment with an address.

SIGNATURE: GUS MAZZOLINO PRESIDENT APRIL 19th, 1995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

305-865-0660

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