

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 739216 (0)
1. Corporation Name
ROGCAB WAREHOUSE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: 7327 NW 8TH ST. MIAMI FL 33126 US
Mailing Address: 7327 NW 8TH ST MIAMI FL 33126 US

3. Date incorporated or Qualified: 06/03/1977
3a. Date of Last Report: 05/16/1995
4. FEI Number: 59-1818339
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

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

9. Name and Address of Current Registered Agent
**BLANCA M. DUQUE
7325 NW 8TH ST.
MIAMI FL 33126**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code **FL**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Blanca M Duque
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	FAJIN, RAMON	
STREET ADDRESS	7339 N.W. 8TH STREET	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	FAJIN, MANUEL J.	
STREET ADDRESS	7339 N.W. 8TH STREET	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	TSD	<input type="checkbox"/> DELETE
NAME	BLANCA M. DUQUE	
STREET ADDRESS	7325 NW 8TH ST.	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ZICLER FREITAS	
1.3 STREET ADDRESS	7341 NW 8 ST	
1.4 CITY-ST-ZIP	MIAMI FLA 33126	
2.1 TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	RAMON FAJIN	
2.3 STREET ADDRESS	7339 NW 8 ST	
2.4 CITY-ST-ZIP	MIAMI FLA 33126	
3.1 TITLE	TSD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	BLANCA M DUQUE	
3.3 STREET ADDRESS	7327 NW 8 ST	
3.4 CITY-ST-ZIP	MIAMI I FLA 33126	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Blanca M Duque 2-29-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)