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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

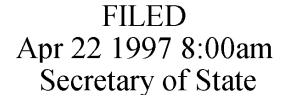
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ROB-LU CORP.

Principal Place of Business

(j	
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Mailing Address





8970 SW 85 TERRACE MIAMI FL 33173		8970 SW 85 TERRACE MIAMI FL 33173-4533						
					3. Date Incorporated or Qualified 09/18/1991	3a. Date of Last 03/04/1990	Report	
2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address				Applied For	
21		26			65-0454508		Not Applicable	
Suite, Apr. #, etc. 22		27			5. Certificate of Status Desired		\$8.75 Additional Fee Required	
		28			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip 24	Zip Country Zip Cou			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes				
	9. Name and Address of Cu				10. Name and Address of New Re	distered Agent		
	etzler, robert		81	Name			-	
	70 SW 85 TERRACE		82	Street Add	ress (P.O. Box Number is Not Acceptab	ie)	<u></u>	
ML	AMI FL 33173	•	83					
			63					
			84	City		FL 85 Z	p Code	
11 Pursuan	at to the provisions of Sections 607	0502 and 607 1508. Florida Statu	des, the above	named corr	poration submits this statement for the p	· · · · · · · · · · · · · · · · · · ·	its registered	
office or	r registered agent, or both, in the S	tate of Florida, Such change was	authorized by	the corpora	tion's board of directors. I hereby accep	t the appointment	as registered	
_		ongations of, section our good, r	ionda Statutes					
SIGNATURE	Sagnitive: typical or printed name of registerio	i agent and title if applicable. (NC	TE Registered Ager	l signature requ	ired when reinstating)	DATE		
12.	OFFICERS	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECT	ORS IN 12	
TITLE	P	DELETE	1.1 TITLE			Chang	e Addition	
NAME	METZLER, ROBERT		1.2 NAME	1				
STREET ADDRESS			1.3 STREET	ADDRESS				
COLY-ST- ZIP	MIAMI FL 33173		1.4 CITY - ST	- ZIP				
TIBLE	ļ	DELETE	2.1 TITLE			L Chang	e L Addition	
NAME			2.2 NAME					
STREET ACIDRESS	S	i i	23 STREET	ADDRESS				
CHY-SI-Z2			2 4 CITY-S	T- ZIP	· · · · · · · · · · · · · · · · · · ·			
19118		☐ DELETE	3.1 TITLE			Ctang	e 🔲 Addition	
NAME			3.2 NAME					
STREET ADDRESS	S .		3.3 STREET	ADDRESS				
CHY+SI+ZIP			3.4. CITY-S	r-zip			11100	
THEF		☐ DELETE	4.1 TITLE			Chang	e L. Addition	
NAME			4. 2 NAME					
STHEET ADDRESS	5		4.3 STREET	AODRESS				
CITY-S1 702			4.4 CITY - S	- ZIP				
THRE		☐ DELETE	5.1 TITLE			L Chang	e Addition	
NAME			5.2 NAME					
STREET AFORESS	5		5.3 STREET	ADDRESS				
CHTY-SI-ZiF			5.4 C(TY - S)	- ZIP	HALL STREET, S		. 114440	
TITLE		DELETE	6.1 TITLE			Chang	e Addition	
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET	ADORESS				
CHY-ST-ZiP			6.4 CITY - S	-ZIP				

14. I do hereby certify that the information supplied with this Irling 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 anged, or on an attachment with an address

SIGNATURE: