

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUL 24 AM 8:43

DOCUMENT # **V68537** (2)

1. Corporation Name
THE ROUCO CORP.

Principal Place of Business Mailing Address
% NEAL S LITMAN PA **% NEAL S LITMAN PA**
2000 S DIXIE HWY SUITE 101 **2000 S DIXIE HWY SUITE 101**
MIAMI FL 33133 **MIAMI FL 33133**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/05/1992** 3a. Date of Last Report **04/14/1994**

4. FEI Number **65-0375441** Applied For
Not Applicable

2. Principal Place of Business 2a. Mailing Address
The Rouco Corp **The Rouco Corp**
Classic Coach Refinish **Classic Coach Refinish**

21. Suite, Apt #, etc. 26. Suite, Apt #, etc.
9828 SW 168th Street **9828 SW 168th Street**

22. City & State 27. City & State
Miami, Florida **Miami, Florida**

23. ZIP Country 28. ZIP Country
33157 U.S.A. **33157 U.S.A.**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199 U.S.C. Florida Statutes Yes No

9. Name and Address of Current Registered Agent
LITMAN, NEAL S
2000 S DIXIE HWY
SUITE 101
MIAMI FL 33133

10. Name and Address of Now Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 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 _____
Corporate Agent's (permanent or temporary) agent and title if applicable (FZ) Registered Agent signature required when mandating (GAT)

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	ROUCO, RAMIRO M.
STREET ADDRESS	444 PERUGIA AVE
CITY ST ZIP	CORAL GABLES FL
TITLE	-
NAME	ROUGO, JORGE L.
STREET ADDRESS	6250 S.W. 80TH ST.
CITY ST ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONAL OFFICERS AND DIRECTORS

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY ST ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	No longer in company.
23 STREET ADDRESS	
24 CITY ST ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(3)(k), Florida Statutes. I further certify that the information included 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 of this report, or on an attachment with an address.

SIGNATURE: **Ramiro M. Rouco** **4/20/95 292-5078**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/95)