

File Now. Filing Fee after May 1 is \$225.00

CORPORATION ANNUAL REPORT 1993		 FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS	
1. Name and Mailing Address of Corporation: DOCUMENT # P38518 (7) ROHDE & LIESENFELD, INC. 2050 NW 93RD AVE MIAMI FL 33172-2924			
DO NOT WRITE IN THIS SPACE			
3. Date Incorporated or Qualified: 04/21/1992		3a. Date of Last Report: 03/25/1992	
4. FEI Number: 132859141		Applied For: ☐ Not Applicable	
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2			
FILING FEE: \$200.00		ANNUAL REPORT \$61.25 + \$138.75 CORPORATION SUPPLEMENTAL FEE MAKE CHECK PAYABLE TO DEPARTMENT OF STATE	
2. Mailing Address		2a. Principle Place of Business	
21. Suite, Apt. #, etc.		25. Suite, Apt. #, etc.	
22. City & State		27. City & State	
23. Zip		28. Zip	
24. Country		29. Country	
25. Country		30. Country	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
BERNSTEIN, SCOTT M 1001 S. BAYSHORE DR SUITE 2600 MIAMI FL 33131		81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City 85. Zip Code 86. Country	
11. Pursuant to the provisions of Sections 607.0502 and 607.1506 or 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 607.0505, Florida Statutes.			
SIGNATURE _____		DATE _____	
12. OFFICERS AND DIRECTORS		13. OFFICERS AND DIRECTORS CHANGES	
1.1 TITLE 1.2 NAME 1.3 ADDRESS 1.4 CITY, ST, ZIP		1.1 TITLE 1.2 NAME 1.3 ADDRESS 1.4 CITY, ST, ZIP	
2.1 TITLE 2.2 NAME 2.3 ADDRESS 2.4 CITY, ST, ZIP		2.1 TITLE 2.2 NAME 2.3 ADDRESS 2.4 CITY, ST, ZIP	
3.1 TITLE 3.2 NAME 3.3 ADDRESS 3.4 CITY, ST, ZIP		3.1 TITLE 3.2 NAME 3.3 ADDRESS 3.4 CITY, ST, ZIP	
4.1 TITLE 4.2 NAME 4.3 ADDRESS 4.4 CITY, ST, ZIP		4.1 TITLE 4.2 NAME 4.3 ADDRESS 4.4 CITY, ST, ZIP	
5.1 TITLE 5.2 NAME 5.3 ADDRESS 5.4 CITY, ST, ZIP		5.1 TITLE 5.2 NAME 5.3 ADDRESS 5.4 CITY, ST, ZIP	
6.1 TITLE 6.2 NAME 6.3 ADDRESS 6.4 CITY, ST, ZIP		6.1 TITLE 6.2 NAME 6.3 ADDRESS 6.4 CITY, ST, ZIP	
14. I 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. I further certify that I am an officer or director of this corporation or the receiver or trustee empowered to execute this report as required by Chapter 607 or Chapter 617, Florida Statutes, and that my name appears on Block 12, Block 13, or on an attachment with an address.			
SIGNATURE _____		DATE 3-8-93	
Print/Type Name of Signing Officer or Director JAN BERINGER		Title(s) EXEC. VICE PRESIDENT	
Daytime Telephone Number (212) 432-1200			