# 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
MAY - 1 1995
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

95 MAY -1 PM 2:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **286307** **(4)**

1. Corporate Name
**RO-BRO INC**

Principal Place of Business
**215 S W LEJEUNE RD**
**MIAMI FL 33134**

Mailing Address
**215 S W LEJEUNE RD**
**MIAMI FL 33134**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/21/1964**
3a. Date of Last Report: **04/01/1994**

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

4. FEI Number: **59-1114216** ☐ 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

8. This corporation may qualify for exemption from S. 193.052, Florida Statutes. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**ROSEN, NORMAN**
**215 SW LEJEUNE RD.**
**MIAMI FL 33134**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.1502(2) and 607.1505, 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 (Registered Agent's signature required if filed separately) DATE

| 12. OFFICER AND DIRECTORS | | 13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| Title | D | Title | ☒ Change ☐ Addition |
| Name | ROSEN,RALPH J | Name | (delete) |
| Street Address | 11 ISLAND AVE, APT 706 | Street Address | No replacement |
| City-St-Zip | MIAMI BEACH FL | City-St-Zip | |
| Title | D | Title | ☒ Change ☐ Addition |
| Name | ROSEN,ROBERT L | Name | (delete) |
| Street Address | 1000 BRICKELL AVE. | Street Address | No replacement |
| City-St-Zip | MIAMI FL | City-St-Zip | |
| Title | PSD | Title | ☐ Change ☐ Addition |
| Name | ROSEN,NORMAN S | Name | |
| Street Address | 215 S W LEJEUNE RD | Street Address | |
| City-St-Zip | MIAMI FL | City-St-Zip | |
| Title | | Title | ☐ Change ☐ Addition |
| Name | | Name | |
| Street Address | | Street Address | |
| City-St-Zip | | City-St-Zip | |
| Title | | Title | ☐ Change ☐ Addition |
| Name | | Name | |
| Street Address | | Street Address | |
| City-St-Zip | | City-St-Zip | |
| Title | | Title | ☐ Change ☐ Addition |
| Name | | Name | |
| Street Address | | Street Address | |
| City-St-Zip | | City-St-Zip | |

14. I 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 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 with an indication that I am an officer or director.

**SIGNATURE:** CLIFFORD D. ROSEN 4/17/95 (305) 446-5663
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — DATE — DAYTIME TELEPHONE #

0140187 CP