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

DOCUMENT # 564073

(5)

ROGA ENTERPRISES, INC.						
Principal Piac	e of Business	Mailing Address			i Bildii Biffii Bibii Bibii Bib	/H 018111 1881
666 71ST STREET 666 71ST STREET MIAMI BEACH FL 33141 MIAMI BEACH FL 33141-3020			020			
				3. Date Incorporated or Qualified 12/01/1977	3a. Date of Last 01/30/1996	
L		2a. Mailing Address		4. FEI Number		Applied For
Suite Apt	# oto	26 Suite, Apt. #, et c.		59-1786950		Not Applicable Additional
22] 27]				5. Certificate of Status Desired		Required
City & Stati	•	City & State		Election Campaign Financing Trust Fund Contribution		0 May Be d to Fees
Ζ(μ) 24	Country 25	Zip 29	Country 30		K Yes □ No	s. 199.032,
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Re	gistered Agent	
	ASON, RICHARD P PA		81 Name			
2450 HOLLYWOOD BLVD HOLLYWOOD FL 33020			82 Street Add	ress (P.O. Box Number is Not Acceptal	ole)	
not	LIMOOD EL 33020		83		V	
			84 Čity		85 Ziş	p Code
				poration submits this statement for the	FL	
office or r agent. La SIGNATURI	rn familiar with, and accept the obli	gations of, Section 697.0505, Fi	orida Statules.	tion's board of directors. I hereby acce		is registered
12.	Stgraf in Type Long O to James of registeronal OFFICERS A	ND DIRECTORS	It: Registered Agent signature requ	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTO	ORS IN 12
Tillet	P	DELETE	1.1 TITLE		Change	
NAME	MAZLIACH, GABRIEL		1.2 NAME			
STREET ADORESS:	2017 S. OCEAN DRIVE		1.3 STREFT ADDRESS			
CITY ST ZIF	HALLANDALE FL	Decition	1.4 CITY-ST-ZIP		Change	Ladas
TITLE NAME	V Mazliach, Hedviga	☐ DELETE	21 TITLE 22 NAME		☐ Change	e 📙 Additio
STREET ALDRESS	2017 S. OCEAN DRIVE		23 STREET ADDRESS			
D(Y+5 + 2)?	HALLANDALE FL		2 4 CITY-ST-ZIP			
11714	ST	☐ DELETE	3.1 TITLE		Change	Addition
NAME	Mazliach, Robert		3.2 NAME			
STREET ADDITIONS	2017 S OCEAN DR		3.3 STREET ADDRESS			
CHY+SI+ZiP	HALLANDALE, FL 00000	Louise	3.4. C(TY-ST-Z(P			
101kE		☐ OFLETE	4.1 TITLE		L Change	e 🗀 Addition
NAV:			4 2 NAME			
SPREET ADDRESS: DITY: \$1, ZPP	į		4.3 STREET ADORESS 4.4 CITY-ST-ZIP			
III.F		DELETE	5 1 TITLE		Change	e Addition
HAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
City St 76°			5.4 CITY-ST-7IP			
1014		DELETE	61 TITLE		Channe	e Addition

14. I do hereby cerbly that the information supplied with this filling does not quality 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 appears in Block 12 or Block 13 if paged or on an attachment with an address.

6.2 NAME

6 3 STREET ADDRESS 6.4 CITY - ST- ZIP

SIGNATURE:

MAL

STREET ADJIRESS

GABRIEL MAZUACH 3/18/97

FILED

Mar 21 1997 8:00am

Secretary of State