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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 AM 11:35

DOCUMENT # 575896 (6)

1. Corporate Name
ROHMER INDUSTRIES, INC.

Principal Office Address
17021 N.BAY ROAD. #422
N MIAMI BCH. FL 33160

Mailing Address
17021 N.BAY ROAD. #422
N MIAMI BCH. FL 33160

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation (or Qualification): 06/15/1978
3a. Date of Last Report: 04/28/1994

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 County 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 County 30

4. FEI Number: 59-2071049
Applied For ☐
Not Applicable ☐

5. Certificate of State Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has assets subject to escheat under § 717.07, Florida Statutes. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
SIDNEY Z. BRODIE
6850 CORAL WAY
#404
MIAMI FL, 33155

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 Section 607.0505, Florida Statutes, the above named corporation submits the 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. Thereby, accept the appointment as registered agent. I am familiar with and accept the obligations of section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

Title	PST
NAME	DECKERT, JEANINE L
Street Address	17021 N BAY RD #422
City, State, Zip	MIAMI BEACH FL
Title	D
NAME	DECKERT, JEANINE L
Street Address	17021 N BAY RD #422
City, State, Zip	MIAMI BEACH FL

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS (Attach)

Title	☐ Change ☐ Add/Del
NAME	
Street Address	
City, State, Zip	
Title	☐ Change ☐ Add/Del
NAME	
Street Address	
City, State, Zip	
Title	☐ Change ☐ Add/Del
NAME	
Street Address	
City, State, Zip	
Title	☐ Change ☐ Add/Del
NAME	
Street Address	
City, State, Zip	
Title	☐ Change ☐ Add/Del
NAME	
Street Address	
City, State, Zip	
Title	☐ Change ☐ Add/Del
NAME	
Street Address	
City, State, Zip	

14. I hereby certify that the information appearing with the signature below is accurate and complete, and that I am a director or officer of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that this date appears on Page 1, Item 1 of this report, I am aware that any false information submitted in a document to the Department of State for filing is a third degree felony as provided for in s.817.155, Florida Statutes.

SIGNATURE: J. L. Deckert-Rohmer April 19, 1995 (305)948 9990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Jeanine L. DECKERT-ROHMER President

0173360 CP