

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Apr 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 575896 (6)

1. Corporation Name
ROHMER INDUSTRIES, INC.

Principal Place of Business
17021 N.BAY ROAD, #422
N MIAMI BCH. FL 33160

Mailing Address
17021 N.BAY ROAD, #422
N MIAMI BCH. FL 33160-3621



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 900 Bay Dr		26 PO Box 414569		06/15/1978		04/16/1996	
22 Suite, Apt. #, etc. #907		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
23 Miami Beach FL		28 Miami Beach, Florida		59-2071049		Not Applicable	
24 33141		29 33141		6. Certificate of Status Desired		8.75 Additional Fee Required	
25 Florida		30		6. Election Campaign Financing		5.00 May Be Added to Fees	
				Trust Fund Contribution			
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		Yes No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SIDNEY Z. BRODIE 6850 CORAL WAY #404 MIAMI FL 33155				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 607.0502 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

Register or type or print a name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PST	DELETE		11 TITLE	X Change Addition		
NAME	DECKERT, JEANINE L			12 NAME			
STREET ADDRESS	17021 N BAY RD #422			13 STREET ADDRESS	900 Bay Dr #907		
CITY-ST-ZIP	MIAMI BEACH FL			14 CITY-ST-ZIP	Miami Beach, FL 33141		
TITLE	D	DELETE		21 TITLE	X Change Addition		
NAME	DECKERT, JEANINE L			22 NAME			
STREET ADDRESS	17021 N BAY RD #422			23 STREET ADDRESS	900 Bay Dr #907		
CITY-ST-ZIP	MIAMI BEACH FL			24 CITY-ST-ZIP	Miami Beach, FL 33141		
TITLE		DELETE		31 TITLE	Change Addition		
NAME				32 NAME			
STREET ADDRESS				33 STREET ADDRESS			
CITY-ST-ZIP				34 CITY-ST-ZIP			
TITLE		DELETE		41 TITLE	Change Addition		
NAME				42 NAME			
STREET ADDRESS				43 STREET ADDRESS			
CITY-ST-ZIP				44 CITY-ST-ZIP			
TITLE		DELETE		51 TITLE	Change Addition		
NAME				52 NAME			
STREET ADDRESS				53 STREET ADDRESS			
CITY-ST-ZIP				54 CITY-ST-ZIP			
TITLE		DELETE		61 TITLE	Change Addition		
NAME				62 NAME			
STREET ADDRESS				63 STREET ADDRESS			
CITY-ST-ZIP				64 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing does not qualify 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 changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/10/1997 (305)8685036

Date Daytime Phone #

CR2E034 (9/96)