

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G74664** (5)

1. Corporation Name

ROHAR CORP.



Principal Place of Business

Mailing Address

% MARVIN I WIENER, PA
2121 PONCE DE LEON BLVD. STE 1040
CORAL GABLES FL 33134
US

% MARVIN I WIENER PA
2121 PONCE DE LEON BLVD. STE 1040
CORAL GABLES FL 33134
US

3. Date Incorporated or Qualified 10/31/1983	3a. Date of Last Report 02/14/1995
4. FEI Number 59-2336459	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc. # 900	26. Suite, Apt. #, etc. # 900
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent

WIENER, MARVIN I.
2121 PONCE DE LEON BLVD.
SUITE 1040
CORAL GABLES 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
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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	1. 1 TITLE <input type="checkbox"/> DELETE	1. 1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	12. NAME	12. NAME	
STREET ADDRESS	13. STREET ADDRESS	13. STREET ADDRESS	
CITY-ST-ZIP	14. CITY-ST-ZIP	14. CITY-ST-ZIP	
TITLE	2. 1 TITLE <input type="checkbox"/> DELETE	2. 1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	22. NAME	22. NAME	
STREET ADDRESS	23. STREET ADDRESS	23. STREET ADDRESS	
CITY-ST-ZIP	24. CITY-ST-ZIP	24. CITY-ST-ZIP	
TITLE	3. 1 TITLE <input type="checkbox"/> DELETE	3. 1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	32. NAME	32. NAME	
STREET ADDRESS	33. STREET ADDRESS	33. STREET ADDRESS	
CITY-ST-ZIP	34. CITY-ST-ZIP	34. CITY-ST-ZIP	
TITLE	4. 1 TITLE <input type="checkbox"/> DELETE	4. 1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	42. NAME	42. NAME	
STREET ADDRESS	43. STREET ADDRESS	43. STREET ADDRESS	
CITY-ST-ZIP	44. CITY-ST-ZIP	44. CITY-ST-ZIP	
TITLE	5. 1 TITLE <input type="checkbox"/> DELETE	5. 1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	52. NAME	52. NAME	
STREET ADDRESS	53. STREET ADDRESS	53. STREET ADDRESS	
CITY-ST-ZIP	54. CITY-ST-ZIP	54. CITY-ST-ZIP	
TITLE	6. 1 TITLE <input type="checkbox"/> DELETE	6. 1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	62. NAME	62. NAME	
STREET ADDRESS	63. STREET ADDRESS	63. STREET ADDRESS	
CITY-ST-ZIP	64. CITY-ST-ZIP	64. CITY-ST-ZIP	

14. I do 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)(k), 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

11/9/96 305-445-8888
Date Daytime Phone #

CR2E034 (12/95)