

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

FILED  
Feb 27 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # K34909 (7)  
1. Corporation Name  
ROCRA, INC.

Principal Place of Business  
% CRAIG ROBINS  
230 FIFTH STREET  
MIAMI BEACH FL 33139

Mailing Address  
% CRAIG ROBINS  
230 FIFTH STREET  
MIAMI BEACH FL 33139



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

09/26/1988

4. FEI Number

65-0115691

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 owes or has paid the current year intangible  
Personal Property Tax due June 30.

Yes No

9. Name and Address of Current Registered Agent

ROBINS, CRAIG  
230 FIFTH STREET  
MIAMI BEACH FL 33139

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 607.0502 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 date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME                | STREET ADDRESS   | CITY-ST-ZIP    | DELETE                   |
|-------|---------------------|------------------|----------------|--------------------------|
| D     | ROBINS, CRAIG       | 230 FIFTH STREET | MIAMI BEACH FL | <input type="checkbox"/> |
| VP    | GRETENSTEIN, STEVEN | 230 5TH ST.      | MIAMI BEACH FL | <input type="checkbox"/> |
|       |                     |                  |                | <input type="checkbox"/> |
|       |                     |                  |                | <input type="checkbox"/> |
|       |                     |                  |                | <input type="checkbox"/> |
|       |                     |                  |                | <input type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1.1 TITLE          | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY-ST-ZIP | Change                              | Addition                 |
|--------------------|----------|--------------------|-----------------|-------------------------------------|--------------------------|
|                    | P, D     |                    |                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2.1 TITLE          |          |                    |                 | <input type="checkbox"/>            | <input type="checkbox"/> |
| 2.2 NAME           |          |                    |                 | <input type="checkbox"/>            | <input type="checkbox"/> |
| 2.3 STREET ADDRESS |          |                    |                 | <input type="checkbox"/>            | <input type="checkbox"/> |
| 2.4 CITY-ST-ZIP    |          |                    |                 | <input type="checkbox"/>            | <input type="checkbox"/> |
| 3.1 TITLE          |          |                    |                 | <input type="checkbox"/>            | <input type="checkbox"/> |
| 3.2 NAME           |          |                    |                 | <input type="checkbox"/>            | <input type="checkbox"/> |
| 3.3 STREET ADDRESS |          |                    |                 | <input type="checkbox"/>            | <input type="checkbox"/> |
| 3.4 CITY-ST-ZIP    |          |                    |                 | <input type="checkbox"/>            | <input type="checkbox"/> |
| 4.1 TITLE          |          |                    |                 | <input type="checkbox"/>            | <input type="checkbox"/> |
| 4.2 NAME           |          |                    |                 | <input type="checkbox"/>            | <input type="checkbox"/> |
| 4.3 STREET ADDRESS |          |                    |                 | <input type="checkbox"/>            | <input type="checkbox"/> |
| 4.4 CITY-ST-ZIP    |          |                    |                 | <input type="checkbox"/>            | <input type="checkbox"/> |
| 5.1 TITLE          |          |                    |                 | <input type="checkbox"/>            | <input type="checkbox"/> |
| 5.2 NAME           |          |                    |                 | <input type="checkbox"/>            | <input type="checkbox"/> |
| 5.3 STREET ADDRESS |          |                    |                 | <input type="checkbox"/>            | <input type="checkbox"/> |
| 5.4 CITY-ST-ZIP    |          |                    |                 | <input type="checkbox"/>            | <input type="checkbox"/> |
| 6.1 TITLE          |          |                    |                 | <input type="checkbox"/>            | <input type="checkbox"/> |
| 6.2 NAME           |          |                    |                 | <input type="checkbox"/>            | <input type="checkbox"/> |
| 6.3 STREET ADDRESS |          |                    |                 | <input type="checkbox"/>            | <input type="checkbox"/> |
| 6.4 CITY-ST-ZIP    |          |                    |                 | <input type="checkbox"/>            | <input type="checkbox"/> |

14. I hereby certify that the information supplied in 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 registered agent duly 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 attached address.

SIGNATURE:

Craig Robins Pres 2/20/98 531-8700

CR2E034 (10/97)