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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # K82803

ROTK, INC.

FILED May 03, 1999 8:00 am Secretary of State

05-03-1999 90107 017 ***150.00



Principal Place	e of Business	Mailing Address			
215 SW LE JEUNE RD. MIAMI FL 33134		215 SW LE JEUNE RD. Miami Fl 33134			
MIMMI FE 33134		MIRMI PL 33134		DO NOT WRITE IN THIS S	PACE
				3. Date Incorporated or Qualifed	
				04/21/1989	
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
2333	Brickell Avenue	26 2333 Brickell A	Avenue	65-0118207	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		E Continueto of Status Decired	\$8.75 Additional
22 Suite	D-1	27 Suite D-1		_o. gormana or canage position	Fee Required
City & Stat	e	City & State		6. Election Campaign Financing	\$5.00 May Be
23 Miami	, Florida	28 Miami, Florida		Trust Fund Contribution	Added to Fees
Zip	Country	<u> </u>	Country	8. This corporation owes the current year Intan	
24 33129		29 33129 30	USA	Toronal Topoli, Tax	☐Yes ☐No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent					
			81 Name Mars	Ann_Y. David	· • 1
*****	Y ANN Y. DAVID		82 Street Addre	ss (P.O. Box Number is Not Acceptable)	
	SW LE JEUNE RD.		2333	Brickell Avenue	
MIAN	/II FL 33134		83	D-1	÷
-	,		84 City	te D-1	85 Zip Code
•	The second second		Mian	ni, Florida FL	33129
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes, the	e above named como	ration submits this statement for the numose of ch	nanging its registered
office or r	egistered agent, or both; in the State o m familiar with, and accept the obligati	if Florida. Such change was authoriz- ons of, Section 607.0505, Florida S	ized by the corporation Statutes.	's board of directors. I hereby accept the appoint	
		•		•	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Registe	tered Agent signature required		
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND	
TITLE	DST	DELETE 1.	.1 TITLE DS.	L	☐ Change ☐ Addition
NAME	ROSEN, NORMAN S.	1.2	.2 NAME ROS	sen, Norman S.;	
STREET ADDRESS	215 SW LEJEUNE RD		.3 STREET ADDRESS 23		
CITY-ST-ZIP	MIAMI FL	140	20.	33 Brickell Avenue Suite	D-1
TITLE	Р		1	ami, Florida 33129	USA
NAME -	P .	1,	1	ami, Florida 33129	
1		DELETE 2.	A CITY-ST-ZIP Mia	ami, Florida 33129	USA
STREET ADDRESS	ROSEN, CLIFFORD	DELETE 2:	A CITY-ST-ZIP Mia 1 TITLE P 12 NAME ROS	sen, Clifford	USA Change Addition
STREET ADDRESS		1.7 DELETE 2.7 2.7 2.3 2.3 2.3 2.3 2.3 2.3 2.3 2.3 2.3 2.3	A CITY-ST-ZIP Mi. 11TILE P 12 NAME ROS 13 STREET ADDRESS 23	sen, Clifford 33 Brickell Avenue Suite	USA ☐ Change ☐ Addition ☐ D-1 ☐ USA ☐ USA ☐ D-1
-	ROSEN, CLIFFORD 215 SW LE JEUNE RD	1.7 DELETE 2.7 2.7 2.7 2.7 2.7 2.7 2.7 2.7 2.7 2.7	A CITY-ST-ZIP Mi. 11TILE P 12 NAME ROS 13 STREET ADDRESS 23	sen, Clifford 33 Brickell Avenue Suite	
CITY-ST-ZIP	ROSEN, CLIFFORD 215 SW LE JEUNE RD	1./ DELETE 2./ 2./ 2./ 2./ 2./ 2./ 2./ 2./ 2./ 2./	ACITY-ST-ZIP M1. 11TITLE P 12 NAME ROS 13 STREET ADDRESS 23: 4 CITY-ST-ZIP M1.	sen, Clifford 33 Brickell Avenue Suite	USA ☐ Change ☐ Addition ☐ D-1 ☐ USA ☐ USA ☐ D-1
CITY-ST-ZIP TITLE NAME	ROSEN, CLIFFORD 215 SW LE JEUNE RD MIAMI FL	1./ DELETE 2./ 2./ 2./ 2./ 2./ 2./ 2./ 2./ 2./ 2./	ACITY-ST-ZIP M1. 11 TITLE P 12 NAME ROS 13 STREET ADDRESS 23 14 CITY-ST-ZIP M1.	sen, Clifford 33 Brickell Avenue Suite	USA ☐ Change ☐ Addition ☐ D-1 ☐ USA ☐ USA ☐ D-1
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CITY-ST-ZIP TITLE NAME	ROSEN, CLIFFORD 215 SW LE JEUNE RD MIAMI FL	1./ DELETE 2./ 2./ 2./ 2./ 2./ 2./ 2./ 3./ 3./ 3./ 3./ 3./ 3./ 3./ 3./ 3./ 3	A CITY-ST-ZIP M1. 11 TITLE P RO! 22 NAME .3 STREET ADDRESS 23 4 CITY-ST-ZIP M1. 11 TITLE .2 NAME	sen, Clifford 33 Brickell Avenue Suite ami, Florida 33129	USA ☐ Change ☐ Addition ☐ D-1 ☐ USA ☐ USA ☐ D-1
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	ROSEN, CLIFFORD 215 SW LE JEUNE RD MIAMI FL	1/. DELETE 2: 23 23 2 2. DELETE 3. 33 3. 3. DELETE 4:	A CITY-ST-ZIP M1. 1 TITLE P RO . 3 STREET ADDRESS 23 A CITY-ST-ZIP M1. 1 TITLE . 2 NAME . 3 STREET ADDRESS . 4 CITY-ST-ZIP M1.	sen, Clifford 33 Brickell Avenue Suite ami, Florida 33129	USA Change Addition D-1 USA Change Addition
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CITY-ST-ZIP 14. I 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 reports 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 portor ion or the receiver or pushed empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if manbels or on an attachment with an address, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

DELETE

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

Norman S.; Rosen

4~13-99

Change

305-859-4900 Daytime Phone #

Addition