

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

PROFIT CORPORATION ANNUAL REPORT 1998



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

**FILED**

98 OCT 14 PH 3:18

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **LO 1990**  
 1. Corporation Name  
**ROTA INC**

Principal Place of Business: **10101 COLLINS AVE AP #11F BAL HARBOR, FL 33154**  
 Mailing Address: **SAME**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 **10101 COLLINS AVE #11F BAL HARBOR FL 33154 USA**  
 2a. Mailing Address: 26 **SAME**  
 22. City & State: 27 **BAL HARBOR FL**  
 23. Zip: 28 **33154** Country: 29 **USA**  
 24. Zip: 25 **33154** Country: 29 **USA**

3. Date Incorporated or Qualified: **7/14/89**  
 4. FEI Number: **65-0165683**  
 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

10. Name and Address of New Registered Agent  
 81 Name: **PERLA TACHER**  
 82 Street Address: **10101 COLLINS AVE #11F**  
 83 **BAL HARBOR FL 33154**  
 84 City: **BAL HARBOR FL 33154**

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 607.0506, Florida Statutes.

SIGNATURE: *Perla Tacher* (Date: **10/6/98**)

12. OFFICERS AND DIRECTORS

TITLE	<b>PRESIDENT</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>ROBERT J. SIEDLECKI</b>	
STREET ADDRESS	<b>5890 RODMAN ST.</b>	
CITY-STATE-ZIP	<b>HOLLYWOOD, FL 33023-1940</b>	
TITLE	<b>SECRETARY</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>ROBERT J. SIEDLECKI</b>	
STREET ADDRESS	<b>5890 RODMAN ST.</b>	
CITY-STATE-ZIP	<b>HOLLYWOOD, FL 33023-1940</b>	
TITLE	<b>DIRECTOR</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>ROBERT J. SIEDLECKI</b>	
STREET ADDRESS	<b>5890 RODMAN ST.</b>	
CITY-STATE-ZIP	<b>HOLLYWOOD, FL 33023-1940</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1998

1.1 TITLE	<b>PRESIDENT TRES.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>PERLA TACHER</b>	
1.3 STREET ADDRESS	<b>10101 COLLINS AVE #11F</b>	
1.4 CITY-STATE-ZIP	<b>BAL HARBOR, FL 33154</b>	
2.1 TITLE	<b>V.P. SECRETARY</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>SARIA TACHER</b>	
2.3 STREET ADDRESS	<b>10101 COLLINS AVE #11F</b>	
2.4 CITY-STATE-ZIP	<b>BAL HARBOR, FL 33154</b>	
3.1 TITLE	<b>DIRECTOR DAVID TACHER</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>DAVID TACHER</b>	
3.3 STREET ADDRESS	<b>10101 COLLINS AVE #11F</b>	
3.4 CITY-STATE-ZIP	<b>BAL HARBOR, FL 33154</b>	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	<b>800002665978-1</b>	
4.4 CITY-STATE-ZIP	<b>-10/15/98-01106-017</b>	
5.1 TITLE	<b>*****76.25</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-ZIP		

14. The registrant certifies 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 furnished 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 or empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13.4 changed or in an attachment with an address.

SIGNATURE: *Perla Tacher*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **10/6/98**

CR2E034 (10/97)