

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

FILED

Jan 28 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 # L45198 (3)

1. Corporation Name  
ROBGLO, INC.

Principal Place of Business

5959 NW 35 AVE  
MIAMI FL 33142  
US

Mailing Address

5959 NW 35 AVE  
MIAMI FL 33142-2000  
US



3. Date Incorporated or Qualified  
01/22/1990

3a. Date of Last Report  
02/20/1996

2. Principal Place of Business

21 6297 SW 102 ST

Suite, Apt. #, etc.

22 City & State

23 MIAMI FLA

Zip

24 33156

Country

25 USA

2a. Mailing Address

26 6297 SW 102 ST

Suite, Apt. #, etc.

27 City & State

28 MIAMI FLA

Zip

29 33156

Country

30 U.S.A.

4. FEI Number

65-0169274

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CHEKANOW, FRED  
5959 NW 35 AVE  
MIAMI FL 33142

10. Name and Address of New Registered Agent

81 Name

FRED CHEKANOW

82 Street Address (P.O. Box Number is Not Acceptable)

6297 SW 102 ST

83

84 City

MIAMI

FL

85 Zip Code

33156

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 *Fred Chekanow* - FRED CHEKANOW - DIRECTOR

Signature typed or printed name of registered agent and the if applicable

(NOTE: Registered Agent signature required when reinstating)

1-16-97

DATE

12. OFFICERS AND DIRECTORS

TITLE STD  
NAME CHEKANOW, GLORIA  
STREET ADDRESS 5959 NW 35 AVE  
CITY-ST-ZIP MIAMI FL ☐ DELETE

TITLE PD  
NAME MORRISON, ROBERTA  
STREET ADDRESS 5959 NW 35 AVE  
CITY-ST-ZIP MIAMI FL ☐ DELETE

TITLE D  
NAME CHEKANOW, FRED  
STREET ADDRESS 5959 NW 35 AVE  
CITY-ST-ZIP MIAMI FL ☐ DELETE

TITLE D  
NAME MORRISON, LEONARD  
STREET ADDRESS 5959 NW 35 AVE  
CITY-ST-ZIP MIAMI FL ☐ DELETE

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE SAME A ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS 6297 SW 102 ST  
1.4 CITY-ST-ZIP MIAMI, FLA 33156

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS 6297 SW 102 ST  
2.4 CITY-ST-ZIP MIAMI, FLA 33156

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS 6297 SW 102 ST  
3.4 CITY-ST-ZIP MIAMI, FLA 33156

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS 6297 SW 102 ST  
4.4 CITY-ST-ZIP MIAMI, FLA 33156

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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 *Gloria Chekanow* GLORIA CHEKANOW - SD

Signature and typed or printed name of signing officer or director

1-16-97

Date

305-661-9839

Daytime Phone #

0197372

CR2E034 (9/96)