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

Block 12 or Block 13

SIGNATURE:

Mar 24 1998 8:00am FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (5) ROLAR IMPORTS, LTD., INC. Mailing Address Principal Place of Business 10 CUTTER MILL ROAD 10 CUTTER MILL ROAD **GREAT NECK NY 11021 GREAT NECK NY 11021** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/25/1992 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 11-2293683 21 Not Applicable Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible Yes Yes 24 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name LARDI, LISA **800 W AVE** 82 Street Address (P.O. Box Number is Not Acceptable) 748 83 MIAMI BEACH FL 33139 City 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, typod or pointed name of registered agree and little if applicable INO18 - Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Addition 1.1 TITLE Change TITLE LARDI, PAUL F. 1.2 NAME CR2E034 8 JAEGGER DR. STREET ADDRESS 1.3 STREET ADDRESS GLEN HEAD NY CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE 2 1 THILE Change Addition TITLE ROSENBERG, MARVIN J. NAME 2.2 NAME 35 WOODLAND RD. 2.3 STREET ADDRESS STREET ADDRESS ROSLYN NY CITY - ST - ZIP 2 4 CITY - ST - ZIP Addition DELETE Change 3.1 TITLE TITLE ROSENBERG, MARVIN J. NAME 3.2 NAME 35 WOODLAND RD. STREET ADDRESS 3.3 STREET ADDRESS ROSLYN NY CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE ☐ Change Addition TITLE 4.1 TITLE ROSENBERG, MARVIN J. NAME 4. 2 NAME 35 WOODLAND RD. STREET ADDRESS 4.3 STREET ADDRESS **ROSLYN NY** CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP ☐ DELETE Change Addition 61 TITLE TIFLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST-ZIP 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 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

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