

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P40868** (2)

1. Corporation Name

MAX ROHR IMPORTER, INC.

Principal Place of Business

**20717 MARILLA ST.
CHATSWORTH CA 91311**

Mailing Address

**20717 MARILLA ST.
CHATSWORTH CA 91311**



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

10/01/1992

3a. Date of Last Report

01/31/1995

4. FEI Number

95-2316657

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

10. Name and Address of New Registered Agent

**TORANO, CARLOS
2100 NW 99TH AVE.
MIAMI FL 33172**

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 then if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE ☒ DELETE

NAME: **DCP
WEINFELD, LARRY**
STREET ADDRESS: **4547 BECK AVE.**
CITY-ST-ZIP: **NO. HOLLYWOOD CA**

2. TITLE ☐ DELETE

NAME: **DVC
FRANK, RENEE**
STREET ADDRESS: **144 FIVE MILE RD.**
CITY-ST-ZIP: **DARIEN CT**

3. TITLE ☒ DELETE

NAME: **DVP
UNLIMITED S.**
STREET ADDRESS: **144 FIVE MILE RD.**
CITY-ST-ZIP: **DARIEN CT**

4. TITLE ☐ DELETE

NAME: **VPS
BRADLEY**
STREET ADDRESS: **2701 N. 6TH**
CITY-ST-ZIP: **BURBANK CA**

5. TITLE ☐ DELETE

NAME: **VP
WEINFELD, GERTRUDE R.**
STREET ADDRESS: **4547 BECK AVE.**
CITY-ST-ZIP: **NO. HOLLYWOOD CA**

6. TITLE ☐ DELETE

NAME: **T
FRANK, STEPAHN**
STREET ADDRESS: **83 LOCUST HILL RD.**
CITY-ST-ZIP: **DARIEN CT**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1. TITLE ☐ Change ☐ Addition

2. NAME

3. STREET ADDRESS

4. CITY-ST-ZIP

2. 1. TITLE ☐ Change ☐ Addition

2. NAME

3. STREET ADDRESS

4. CITY-ST-ZIP

3. 1. TITLE ☐ Change ☐ Addition

3. NAME

3. STREET ADDRESS

4. CITY-ST-ZIP

4. 1. TITLE ☐ Change ☐ Addition

4. NAME

4. STREET ADDRESS

4. CITY-ST-ZIP

5. 1. TITLE ☐ Change ☐ Addition

5. NAME

5. STREET ADDRESS

5. CITY-ST-ZIP

6. 1. TITLE ☐ Change ☐ Addition

6. NAME

6. STREET ADDRESS

6. CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Larry Weinfeld* **L. WEINFELD**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-98 **888-850-0950**
Date Daytime Phone #

CR2E034 (12/95)