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

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9200008683 (4)

**ROGHER IMPORTS CORPORATION** 

Principal Place of Business	Mailing Address		
3336 NE 34TH ST FT LAUDERDALE FL 33308 US	P OBOX 450549 Sunrise FL 33345-0549 US		

FILED							
Feb	13	1997	8:00am				
Se	ecre	tary o	of State				



3336 NE 34TH ST P OBOX 45		Mailing Address P OBOX 450549 SUNRISE FL 33345-0549 US				
				<ol> <li>Date Incorporated or Qualified</li> <li>12/03/1992</li> </ol>	3a. Date of Last Report 07/22/1996	
2. Principal Pl	lace of Business	2a. Mailing Address 26		4. FEI Number 59-3 154059	Applied For Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	S8.75 Additional Fee Required	
City & State	е	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip <b>24</b>	Country 25	Zip 29	Country 30	8. This corporation has liability for Florida Statutes	ntangible tax under s. 199.032, Yes \sum No	
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Re	gistered Agent	
974 MAF	RONIMOS, JOHN S. STATE ROAD 7 RGATE FL 33068		83 84 City	ress (P.O. Box Number is Not Acceptat	FL 85 Zip Code	
office or re agent. I a	to the provisions of Sections 607.05 egistered agent, or both, in the Stat m familiar with, and accept the obli	e of Florida. Such change was a	authorized by the corporat	oration submits this statement for the plion's board of directors. I hereby acc <b>e</b>	ourpose of changing its registered of the appointment as registered	
	Signature, typed or printed name of registered as	• • •	Registe Agent signature requir		DATÉ	
12.	OFFICERS AI	ND DIRECTORS	13	ADDITIONS/CHANGES TO OFFIC		
THLE	ROHATYNKSY, VICTOR	☐ DELETE	1.1 LE		Change Addition	
NAME	974 S. STATE ROAD 7		1.2 ME			
STREET ADDRESS	MARGATE FL 33068		1.3 REET ADDRESS			
CITY-ST-ZiP	ST	T DOLLTO	1.4 LETY - ST - ZIP		Charas Addition	
TITLE	GERONIMOS, JOHN	☐ DELETE	2.1 TLE		☐ Change ☐ Addition	
NAME	974 S. STATE ROAD 7		2.2 MAME			
STREET ADDRESS	MARGATE FL 33068		2.3 STREET ADDRESS			
CITY-ST-ZIP TITLE		DELETE	2. 4 ČITY - ST - ZIP 3.1 TITLE		☐ Change ☐ Addition	
NAME	•		3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY - ST - ZIP			
TITLE		DELETE	4.1 TITLE		☐ Change ☐ Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY - ST - ZIP			
TITLE		DELETE	5.1 TITLE		☐ Change ☐ Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY - ST - ZIP			
TITLE		DELETE	6.1 TITLE		Change Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP						
14. I do hereb	by certify that the information supplied	ed with this filing does not qualif	y for the exemption stated	Statute	s. I further certify that the	

Information indicated on this annual report or supplemental annual report is true and accurate and that my sign true shall have the legal effect as if made under oath; that I am an officer or director of the corporation of the receiver or fustee empowered to execute this report as it was that it is a shall be a statute; and that my name appears in Block 12 or Block 13 if changed of on an attachment with an address.

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