

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 18 PM 2:36

DOCUMENT # P93000022032 (5)

1. Corporation Name
ROHO G.P., INC.

Principal Place of Business Mailing Address
10021 PINES BLVD 10021 PINES BLVD
SUITE 101 SUITE 101
PEMBROKE PINES FL 33024 PEMBROKE PINES FL 33024

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/19/1993 3a. Date of Last Report 01/31/1994
4. FEI Number 65-0402278 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

2. Principal Place of Business 2a. Mailing Address
21 Same 26 Same
State, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country
24 25 26 27 28 29 30

9. Name and Address of Current Registered Agent

LUBITZ, CHARLES A
515 N FLAGLER DRIVE
18TH FLOOR
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name BARRY ROSS
82 Street Address (P.O. Box Number is Not Acceptable) 10021 Pines Blvd. #101
83
84 City Pembroke Pines FL 85 Zip Code 33024

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

BARRY ROSS

1-12-95

12. OFFICERS AND DIRECTORS

1. TITLE D
2. NAME LUBITZ, CHARLES A
3. STREET ADDRESS 515 N FLAGLER DRIVE #18FL
4. CITY, ST, ZIP WEST PALM BEACH FL 33401

5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY, ST, ZIP

9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY, ST, ZIP

13. TITLE
14. NAME
15. STREET ADDRESS
16. CITY, ST, ZIP

17. TITLE
18. NAME
19. STREET ADDRESS
20. CITY, ST, ZIP

21. TITLE
22. NAME
23. STREET ADDRESS
24. CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1. TITLE P/S/T/D ☒ Change ☐ Addition
2. 2. NAME BARRY ROSS
3. 3. STREET ADDRESS 10021 Pines Blvd #101
4. 4. CITY, ST, ZIP Pembroke Pines, FL 33024

5. 5. TITLE ☐ Change ☐ Addition
6. 6. NAME
7. 7. STREET ADDRESS
8. 8. CITY, ST, ZIP

9. 9. TITLE ☐ Change ☐ Addition
10. 10. NAME
11. 11. STREET ADDRESS
12. 12. CITY, ST, ZIP

13. 13. TITLE ☐ Change ☐ Addition
14. 14. NAME
15. 15. STREET ADDRESS
16. 16. CITY, ST, ZIP

17. 17. TITLE ☐ Change ☐ Addition
18. 18. NAME
19. 19. STREET ADDRESS
20. 20. CITY, ST, ZIP

21. 21. TITLE ☐ Change ☐ Addition
22. 22. NAME
23. 23. STREET ADDRESS
24. 24. CITY, ST, ZIP

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.032(b)(3), 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 of this report, or as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BARRY ROSS - 1/12/95 - 305-437-4444