

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

FILED  
May 01 1997 8:00am  
Secretary of State

DOCUMENT # P93000032666 (8)

1. Corporation Name  
ROCO INDUSTRIES, INC.



Principal Place of Business

13200 NW 45TH AVE  
OPA LOCKA FL 33054

Mailing Address

13200 NW 45TH AVE  
OPA LOCKA FL 33054-4308

2. Principal Place of Business

21 1743 N.W. 124<sup>TH</sup> WAY  
Suite, Apt. #, etc.

22 City & State

23 CORAL SPRINGS, FL.

24 33071

Country

25 USA

2a. Mailing Address

26 1743 N.W. 124<sup>TH</sup> WAY  
Suite, Apt. #, etc.

27 City & State

28 CORAL SPRINGS, FL.

29 33071

Country

30 USA

9. Name and Address of Current Registered Agent

WEINROTH, ROBERT S  
13200 NW 45TH AVE  
OPA LOCKA FL 33054

3. Date Incorporated or Qualified

05/05/1993

3a. Date of Last Report

04/25/1996

4. FEI Number

65-0407808

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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

81 Name

WEINROTH, ROBERT S.

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

1743 N.W. 124<sup>TH</sup> WAY

83

84 City

CORAL SPRINGS

FL

85 Zip Code

33071

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

Robert S Weinroth

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/23/97

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME DP  
WEINROTH, ROBERT S  
STREET ADDRESS 13200 NW 45TH AVE  
CITY-ST-ZIP OPA LOCKA FL 33054

TITLE ☐ DELETE

NAME DS  
COHEN, STEVEN M  
STREET ADDRESS 13200 NW 45TH AVE  
CITY-ST-ZIP OPA LOCKA FL 33054

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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.

CR2E034 (9/96)