

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

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Tallahassee, Florida  
Secretary of State  
JANUARY 1, 1995 - MAY 1, 1995

**DOCUMENT # P93000084233 (4)**

**ROTEL, INC.**

**APPROVED  
AND  
FILED**

**65 MAY -1 PM 1:50**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DO NOT WRITE IN THIS SPACE**

|                                              |                                                                     |                                                                                    |                                           |                                                                                                                                      |                                              |
|----------------------------------------------|---------------------------------------------------------------------|------------------------------------------------------------------------------------|-------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| 1. Name of Corporation<br><b>ROTEL, INC.</b> |                                                                     | 2a. Mailing Address<br><b>2601 BISCAYNE BLVD<br/>MIAMI FL 33137</b>                |                                           | 3. Date of expiration of Qualities<br><b>12/09/1993</b>                                                                              | 3a. Date of Last Report<br><b>06/14/1994</b> |
| 2. Date of Filing of Report<br><b>21</b>     | 2b. Mailing Address<br><b>2601 BISCAYNE BLVD<br/>MIAMI FL 33137</b> | 4. FIC Number<br><b>65-0452830</b>                                                 | Applied For<br>Not Applicable             |                                                                                                                                      |                                              |
| 22. State, Apt. # etc.<br><b>22</b>          | 27. State, Apt. # etc.<br><b>27</b>                                 | 5. Certificate of Status Desired<br><input type="checkbox"/>                       | <b>\$8.75 Additional<br/>Fee Required</b> |                                                                                                                                      |                                              |
| 23. City & State<br><b>23</b>                | 28. City & State<br><b>28</b>                                       | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> | <b>\$5.00 May Be<br/>Added to Fees</b>    |                                                                                                                                      |                                              |
| 24. <input type="checkbox"/>                 | 25. <input type="checkbox"/>                                        | 29. <input type="checkbox"/>                                                       | 30. <input type="checkbox"/>              | 6. This corporation has liability for intangible tax under Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |                                              |

|                                                                                                                   |  |                                                        |                        |
|-------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------|------------------------|
| 9. Name and Address of Current Registered Agent<br><b>MILLER, ROGER<br/>2601 BISCAYNE BLVD<br/>MIAMI FL 33137</b> |  | 10. Name and Address of New Registered Agent           |                        |
|                                                                                                                   |  | 81. Name                                               |                        |
|                                                                                                                   |  | 82. Street Address (P.O. Box Number is Not Acceptable) |                        |
|                                                                                                                   |  | 83.                                                    |                        |
|                                                                                                                   |  | 84. City                                               | <b>FL</b> 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 \_\_\_\_\_

|                                            |                                                  |                                                       |                                                                              |
|--------------------------------------------|--------------------------------------------------|-------------------------------------------------------|------------------------------------------------------------------------------|
| 12. OFFICERS AND DIRECTORS                 |                                                  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                              |
| 12a. NAME<br><b>D MILLER, ROGER</b>        | 12b. STREET ADDRESS<br><b>2601 BISCAYNE BLVD</b> | 13a. NAME<br><b>D/P</b>                               | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12c. CITY & STATE<br><b>MIAMI FL 33137</b> |                                                  | 13b. STREET ADDRESS                                   |                                                                              |
| 12d. CITY & STATE                          |                                                  | 13c. CITY & STATE                                     |                                                                              |
| 12e. NAME                                  |                                                  | 13d. NAME<br><b>S Cairns, Terrance V.</b>             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 12f. STREET ADDRESS                        |                                                  | 13e. STREET ADDRESS<br><b>2601 Biscayne Boulevard</b> |                                                                              |
| 12g. CITY & STATE                          |                                                  | 13f. CITY & STATE<br><b>Miami, FL 33137</b>           |                                                                              |
| 12h. NAME                                  |                                                  | 13g. NAME                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 12i. STREET ADDRESS                        |                                                  | 13h. STREET ADDRESS                                   |                                                                              |
| 12j. CITY & STATE                          |                                                  | 13i. CITY & STATE                                     |                                                                              |
| 12k. NAME                                  |                                                  | 13j. NAME                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 12l. STREET ADDRESS                        |                                                  | 13k. STREET ADDRESS                                   |                                                                              |
| 12m. CITY & STATE                          |                                                  | 13l. CITY & STATE                                     |                                                                              |
| 12n. NAME                                  |                                                  | 13m. NAME                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 12o. STREET ADDRESS                        |                                                  | 13n. STREET ADDRESS                                   |                                                                              |
| 12p. CITY & STATE                          |                                                  | 13o. CITY & STATE                                     |                                                                              |

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.051(1)(b) Florida Statutes. Further, I certify that the information 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 this corporation or that I am an individual who is authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12a, Block 13a, or Block 13d, or Block 13e, or Block 13f, or Block 13g, or Block 13h, or Block 13i, or Block 13j, or Block 13k, or Block 13l, or Block 13m, or Block 13n, or Block 13o, or Block 13p, or Block 13q, or Block 13r, or Block 13s, or Block 13t, or Block 13u, or Block 13v, or Block 13w, or Block 13x, or Block 13y, or Block 13z.

**SIGNATURE:** **305 4/28/95 576-6333**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR