## **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 # P9400002380 (1) ROGOIT ENTERPRISES, INC.

## **FILED** Apr 25 1997 8:00am Secretary of State



Disagrad Disagrad Strain						
Principal Place of Business Mailing Address						
1111 KANE CONCOURSE	1111 KANE CONCOURSE #204					
BAY HARBOR ISLANDS FL 33154	BAY HARBOR ISLANDS FL 33	3154-2040				
				3. Date Incorporated or Qualified 01/11/1994	3a. Date of Las 07/25/199	st Report <b>6</b>
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	<u></u>	Applied For
21	26			<b>65-0458893</b> Not A		Not Applicable
Sulte, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		5 Additional Required
City & State City & State				6. Election Campaign Financing \$5.00 May Br		<b>)0</b> May Be
23	28			Trust Fund Contribution		ed to Fees
Zip Country	Zφ	Countr	У	8. This corporation has liability for in	ntangible tax unde Yes / <b>ZN</b> No	or s. 199.032,
24 25 9, Name and Address of Cur	29 30	<u> </u>		Florida Statutes  10. Name and Address of New Reg		
RAUF, MICHAEL A		81	Name	10. 110110 0100 01 11011 1108	, sto De 118 str	
2016 NE 164 ST			1			
NORTH MIAMI BEACH FL 33162		82	Street Add	dress (P.O. Box Number is Not Acceptabl	Θ)	
		83	,			
			<u> </u>			
		84	City		FL  85   2	Zip Code
Pursuant to the provisions of Sections 607.6 office or registered agent, or both, in the Stagent. I am familiar with, and accept the of SIGNATURE	oligations of, Section 607,0505, Florid	ia Statut∈	es.			g its registered as registered
Signature, typed or printed name of registered			ent signature requ	uired when reinstating)	DATE	
TITLE PDT OFFICE RS A	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIREC	<del></del>
NAME GORELOV, GUENNADI	berete	1.2 NAME			L. Crian	Ac [7] Wildings
STREET ADDRESS 1111 KANE CONCOURSE		ľ	1 ADDRESS			
CITY-ST-ZIP BAY HARBOR ISLANDS FL	33154	1.3 3 Inct				
TITLE	DELETE	21 1/1LE	31-21		Chan	ge Addition
NAME TORIN ALTROPY		2.2 NAME	İ			
STREET ADDRESS			1 ADDRESS			
CITY-ST-ZIP BAY NATBURE SEATER	88454:	2. 4 CITY-				
TITLE	DELFTE	3 1 TITLE			☐ Chan	ge Addition
NAME		3.2 NAME				
STREET ADDRESS		3.3 STREE	T ADDRESS			
CITY-ST-ZIP		3.4. CITY-	ST-ZIP			
TITLE	☐ DÉLETE	4.1 11TLE			Chan	ge Addition
NAME	1	4 2 NAME				
STREET ADDRESS		4.3 STREE	1 ADDRESS			
CITY-\$I-ZIP		4.4 CITY -	ST-2IP			
TITLE	☐ DEFELE	5.1 TITLE			Chan	ge 🔲 Addition
NAME		5.2 NAME				
STREET ADDRESS		5.3 STREE	1 ADDRESS			
CITY-ST-ZIP		5.4 CITY-	S1-ZIP			
TITLE	DELETE	61 TITLE			LJ Chan	ge Addition
NAME		62 NAME	1			-
STREET ADDRESS	,	6.3 STREE	1 ADDRESS			
CITY-\$T-ZIP	lood with this Cline shape and smalls, t	6.4 CITY-		and in Continue 110 07/07/3. Florido Statutos	( Families and 1971)	L - 1 15

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.