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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P94000013446 (7)

ROGER AND COMPANY CORP.

Principal Place of Business Mailing Address 2601 BISCAYNE BLVD. 2601 BISCAYNE BLVD. MIAMI FL 33137-4532 MIAMI FL 33137 3a. Date of Last Report 3. Date Incorporated or Qualified 02/17/1994 05/01/1996 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 65-0472252 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8, This corporation has liability for intangible tax under s. 199.032, 25 Yes No 24 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 CAIRNS, TERRANCE V Name ANTONIO RODRIGUEZ 2001 BISCAYNE BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33137** 2601 BISCAYNE BLVD. 83 84 City 33137 MIAME 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. I am Jamilja wan, and accept the appointment as registered agent. I am Jamilja wan, and accept the appointment of 507,0505, Florida Statutes. (NOTE: Registered Agent signature required when reinstating) SIGNATURI of registered agent and title if applicat OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. DELETE Change Addition 1.1 TITLE THILE MILLER, ROGER 1.2 NAME NAMÉ 2601 BISCAYNE BLVD. 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL 33137 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE 21 TITLE ☐ Change Addition Tillif **GOLDSTEIN. MICHELLE** NAME 2.2 NAME 2601 BISCAYNE BLVD 2.3 STREET ADDRESS STREET ADORESS MIAMI F 2. 4 CITY - ST - ZIP CITY - ST - ZIP THLE DELETE 3.1 THILE Change Addition 3 2 NAME NAM STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY - ST-ZIP DELETE Change ☐ Addition TITLE 4.1 TITLE 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP DELETE 51 TITLE ■ Addition TITLE 5.2 NAME NAMi 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CHY-ST-ZIF DELETE 6.1 TITLE Change Addition TITLE 6.2 NAME 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 of 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 of the an address.

SIGNATURE:

STREET ADDRESS

CITY - ST - 7(F

Daytime Phone #

FILED

May 15 1997 8:00am

Secretary of State

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