FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT # P94000085749 (7)

RO-HE DISTRIBUTOR, CORP.

FILED May 01 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					1 10011001 110 10111 00111 00111 00111 00111	19191 81111 19911 9	11 510 (8 11 1 36 1	
6030 N.W. 114TH ST. HIALEAH FL 33012		8030 N.W. 114TH ST. HIALEAH FL 33012				DO NOT WRITE IN THI	S SPACE	
						3. Date Incorporated or Qualified		
					****	11/28/1994		
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number	<u> </u>	pplied For
21	# -T-	26]				65-0535997		lot Applicable
Suite, Apt.		Suite, Apt. #, etc.	27			5. Certificate of Status Desired S8.75 Additional Fee Required		
City & State		City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip	Country	28 Zip	Col	intry		8. This corporation owes or has paid the c		
24	25	29	30	,		Personal Property Tax due June 30.		No No
	g, Name and Address of Curren		1001	Π		10. Name and Address of New Registers		
60	NZALEZ, RODOLFO H			81	Name			
	30 N.W. 114TH ST.			82	Stenet Ade	dress (P.O. Box Number is Not Acceptable)		
	NLEAH FL 33012			02	SIMBI MUC	aress (P.O. Box Nortiber is Not Acceptable)		
• • • •				83				
				84	City	<u> </u>	85 Zip	Code
11. Pursuant t	In the provisions of Sections 607 050	2 and 607 1508. Florida Statut	es the a	hove	-named cor	poration submits this statement for the purpose		its registered
Office or re	egistered agent, or both, in the State in familiar with, and accept the obliga	of Florida, Such change was	authorize	d by	the corpora	ation's board of directors. I hereby accept the a	opointment as	s registered
SIGNATURE	Signature typed or printed name of registered apri	at soyl (the department to	IC Basistata	d Aon	et eigeatura rom	ured when reinstating) DATE		
12.	OFFICERS AND		13.	u ^0	i i a griatore recti	ADDITIONS/CHANGES TO OFFICERS A		RS IN 12
TITLE	D	DELETE	1.1 TI	TLE		ADDITIONA OF INTACO TO OFF TOLERO TO	Change	Addition
NAME	GONZALEZ, RODOLFO H		1.2 N					_
STREET ADDRESS	6030 N.W. 114TH ST.		1.3 \$	TREET	ADDRESS			
CITY-ST-ZIP	HIALEAH FL 33012		1.4 0	TY-S	T-ZIP			ĺ
TITLE	DELETE		2.1 TI				Change	☐ Addition
NAME			2.2 N	AME		¥		ŀ
STREET ADDRESS			2.3 S	TAEET	ADDRESS			
CITY-ST-ZIP			2.40	HTY-S	it - ZIP			ľ
TITLE		DELETE	3.1 TI	-			Change	☐ Addition
NAME			3.2 N	AME.				
STREET ADDRESS			3.3 S	TREET	ADDRESS			
CITY-ST-ZIP			3.4.0	ITY-S	iT-ZIP			[
TITLE		DELETE	4.1 TI	TLE			Change	Addition
NAME			4.2 N	MME				
STREET ADDRESS			4.3 S	TREET	ADDRESS			
CITY-ST-ZIP			4.4 0	ITY - SI	T-ZIP			
TITLE		DELETE	5.1 TI	TLE			☐ Change	Addition
NAME			5.2 N	AME				
STREET ADDRESS			5.3 ST	TAEET	ADDRESS			
CITY-ST-ZIP			5 4 C	TY-S	r-zip			
TITLE		☐ DELETE	61 TI	TLE			Change	☐ Addition
NAME			6.2 N	AME				
STREET ADDRESS			6.3 S1	TREET	ADDRESS			
CITY-ST-ZIP	and at a the infe	0.4 40 1	6.4 CI					
14. I nereby c	erury that the information supplied wi	ith this filing does not qualify for	or the exe	empt d the	ion stated in	n Section 119.07(3)(i), Florida Statutes. I further	certify that the	e information

officer or director of the corporation of 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, ir on an attactment with an addition.