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

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P98000041614

1. Corporation Name

ROHAR USA GROUP CORPORATION

Principal	Place of	Business	

Mailing Address

## **FILED** Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90013 001 \*\*\*163.75



4777 SW 5TH S MIAMI FL 33134		4777 SW 5TH ST MIAMI FL 33134		DO NOT WRITE IN THIS SE	PACE	
				3. Date Incorporated or Qualifed 05/07/1998		
	lace of Business	2a. Mailing Address	857	4. FEI Number	Applied For	
21 855	4 SW 8 ST	26 8554 Sa	05/	65-0834796	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required	
City & State	,	28 MIQMI	FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 33/9	14 Country S	29 33/44 30	Country US.	T orderial (Topolity Team	Yes ZNo	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent						
O10	TELLANDO MENADOO		81 Name		\	
CASTELLANOS, MEINARDO 4777 SW 5TH ST		82 Street A	ddress (P.O. Box Number is Not Acceptable)			
	M FL 33134		83			
Mika	WI FE 33 134		83			
	•		84 City	FL	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	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: Re	gistered Agent signature req	uired when reinstating) DATE		
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12	
TITLE	PSTD	☐ DELETE	1.1 TITLE		Change	
NAME	CASTELLANOS, MEINARDO		1.2 NAME		)	
STREET ADDRESS	4777 SW 5TH ST		1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33134		1.4 CITY-ST-ZIP			
TITLE	,	, DELETE	2.1 TITLE		☐ Change ☐ Addition	
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP	,		2.4 CITY-ST-ZIP			
TITLE		DELETE	3.1 TITLE		Change Addition	
NAME	•		3.2 NAME	·		
STREET ADDRESS	•	i	3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE	I	Change 🖺 Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP		Channe Channel	
TITLE		☐ DELETÉ	5.1 TITLE	٠	Change Addition	
NAME			5.2 NAME		:	
STREET ADDRESS			5.3 STREET ADDRESS		·.	
CITY-ST-ZIP			5.4 C/TY-ST-Z/P		Channa D Addition	
TITLE		. DELETE	6.1 TITLE		☐ Change ☐ Addition	
NAME		/	6.2 NAME			
STREET ADDRESS	, . 		6.3 STREET ADDRESS		_	
CITY+ST-ZIP	<u> </u>		6.4 CITY-ST-ZIP	in Section 119.07(3)(i) Florida Statutes I further certifi	that the information	
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Intereov ceruly that the information supplied with this filling 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 of 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 with all other like empowered.

SIGNATURE: