


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

FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90107 011 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V29693

1. Corporation Name
ROHON, INCORPORATED

Principal Place of Business 215 S.W. LEJEUNE RD. MIAMI FL 33134-1799	Mailing Address 215 S.W. LEJEUNE RD. MIAMI FL 33134-1799
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2333 Brickell Avenue Suite, Apt. #, etc. 22 Suite D-1 City & State 23 Miami, Florida Zip Country 24 33129 25 USA	2a. Mailing Address 26 2333 Brickell Avenue Suite, Apt. #, etc. 27 Suite D-1 City & State 28 Miami, Florida Zip Country 29 33129 30 USA
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3. Date Incorporated or Qualified 04/20/1992	4. FEI Number 65-0327069	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

MICHAEL K. NORTHROP
~~215 SW LEJEUNE RD~~
MIAMI FL 33134

10. Name and Address of New Registered Agent

81 Name	Michael K. Northrop
82 Street Address (P.O. Box Number is Not Acceptable)	2333 Brickell Avenue
83	Suite D-1
84 City	Miami, Florida
85 Zip Code	FL 33129

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	ROSEN, NORMAN S.	
STREET ADDRESS	215 S.W. LEJEUNE RD.	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROSEN, NATALIE H.	
STREET ADDRESS	215 S.W. LEJEUNE RD.	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Rosen, Norman S	
1.3 STREET ADDRESS	2333 Brickell Avenue Suite D-1	
1.4 CITY-ST-ZIP	Miami, Florida 33129 USA	
2.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Rosen, Natalie H	
2.3 STREET ADDRESS	2333 Brickell Avenue Suite D-1	
2.4 CITY-ST-ZIP	Miami, Florida 33129 USA	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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 attachment with an address, with all other like empowered.

SIGNATURE:  **SIGNATURE REQUIRED** Norman S. Rosen 4-13-99 305-859-4900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)