

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)**

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PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED
97 AUG 11 AM 12:30
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # V41600 (0)

1. Corporation Name
ROGER INVESTMENT SERVICES, INC.



Principal Place of Business 2875 N.E. 191 ST. SUITE 822 N. MIAMI BCH. FL 33180	Mailing Address 2875 N.E. 191 ST. SUITE 822 N. MIAMI BCH. FL 33180
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 % MILTENBERG 380V NE 207 ST Suite, Apt. #, etc. 22 SUITE 100V City & State 23 AVENTURA FL Zip 24 33180 Country 25 USA	2a. Mailing Address 26 SAME Suite, Apt. #, etc. 27 City & State 28 Avrg Zip 29 FL Country 30
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3. Date Incorporated or Qualified 06/05/1992	3a. Date of Last Report 04/10/1996
4. FEI Number 65-0338514	Applied For <input type="checkbox"/> 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 or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

FELUREN, MARK
WALDMAN & FELMEN PA
2999 N.W. 191ST (PH)-8
NORTH MIAMI BCH FL 33180

10. Name and Address of New Registered Agent

81 Name
Feluren, Mark

82 Street Address (R.O. Box Number is Not Acceptable)
Waldman & Felmen PA

83
One Financial Plaza - Suite 1500

84 City
Fort Lauderdale FL 85 **33394**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST MILTENBERG, ALISSA 289 NW 101ST ST PLANTATION FL	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MILTENBERG, BRUCE % 2875 N.E. 191 ST. STE. 822 N. MIAMI BEACH FL 33180	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MILTENBERG, ANDREW 245 FIFTH AVE 901 NEW YORK NY	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000002266630--9 -08/14/97--01023--002 ***165.00 ***165.00
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 380V NE 207 ST SUITE 100V AVENTURA FL 33180
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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.

CR2E034 (4/97)

DOUGLAS J. FREEMAN

CERTIFIED PUBLIC ACCOUNTANT

19 Livingston Avenue
Jericho, New York 11753
(516) 822-7478

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July 22, 1997

Division of Corporations
Attention: Annual Report
P. O. Box 6327
Tallahassee, Florida 32314

RE: Roger Investment Services, Inc.
V41600
65-0338514

Ladies and Gentlemen:

I am the accountant for the above referenced company, which has retained me to prepare the enclosed 1997 Profit Corporation Annual Report.

Pursuant to our telephone conversation of even date, the corporation is requesting a waiver of the \$385.00 late fee. The corporation recently changed its address and did not receive the first report.

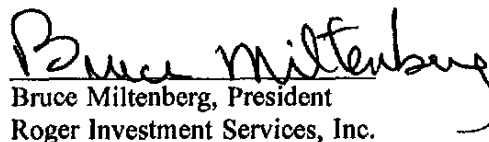
Accordingly, per instructions received from your office, we enclose a signed completed Annual Report along with a check in the amount of \$165.00 payable to Department of State - Florida.

With thanks for your kind assistance we remain,

Very truly yours,



Douglas J. Freeman CPA



Bruce Miltenberg, President
Roger Investment Services, Inc.