FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V59848 (4)

1. Corporation Name
ROJENI, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
~~2424 NORTH FEDERAL HIGHWAY~~ ~~SUITE 360~~ ~~BOCA RATON FL 33431~~	~~2424 NORTH FEDERAL HIGHWAY~~ ~~SUITE 360~~ ~~BOCA RATON FL 33431~~

3. Date Incorporated or Qualified: 08/24/1992
3a. Date of Last Report: 06/21/1994

2. Principal Place of Business	2a. Mailing Address
21 8660 N.W. 32nd St	26 8660 N.W. 32nd St
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Coral Springs, FL	City & State 28 Coral Springs, FL
Zip 24 33065 County 25 USA	Zip 29 33065 County 30 USA

4. FEI Number: 65-0358525 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. The corporation has activity for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BAGDASARIAN, RICHARD C.
~~2424 NORTH FEDERAL HIGHWAY~~
~~SUITE 360~~
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 1800 Corporate Blvd, NW # 302
83 "
84 City Boca Raton FL 85 Zip Code 33431

11. Pursuant to the provisions of Section 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] DATE 4/25/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	DUFFY, ROBERT	1.2 NAME	
STREET ADDRESS	8660 N.W. 32ND STREET	1.3 STREET ADDRESS	
CITY ST ZIP	CORAL SPRINGS FL	1.4 CITY ST ZIP	
TITLE	VST	2.1 TITLE	☐ Change ☐ Addition
NAME	DUFFY, SUSAN	2.2 NAME	
STREET ADDRESS	8660 N.W. 32ND STREET	2.3 STREET ADDRESS	
CITY ST ZIP	CORAL SPRINGS FL	2.4 CITY ST ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	DUFFY, SUSAN	3.2 NAME	
STREET ADDRESS	8660 N.W. 32ND STREET	3.3 STREET ADDRESS	
CITY ST ZIP	CORAL SPRINGS FL	3.4 CITY ST ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		6.4 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 above, or on an attachment with an address.

SIGNATURE: [signature] Robert R Duffy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/95 Date

305-741-8705 Daytime Phone #

0285811 CP