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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 30 AM 8:48

DOCUMENT # 286619 (2)

1. Corporation Name
ROSIRV LIQUIDATING, INC.

Principal Place of Business
3400 NW 67TH ST.
MIAMI FL 33147

Mailing Address
3400 NW 67TH ST.
MIAMI FL 33147

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/02/1964
3a. Date of Last Report: 02/15/1994

2. Principal Place of Business
21 6201 SW. 133RD ST.
Suite, Apt. #, etc.
22
City & State
23 MIAMI, FL.
Zip
24 33156
Country
25 U.S.A.

2a. Mailing Address
26 6201 S.W. 133RD ST.
Suite, Apt. #, etc.
27
City & State
28 MIAMI, FL.
Zip
29 33156
Country
30 U.S.A.

4. FEI Number: 59-1059752 ☐ 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. This corporation has liability for intangible tax under S. 199.032 Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
FIEN,IRVING
3400 NW 67 ST.
MIAMI FL 33147

10. Name and Address of New Registered Agent
81 Name: IRVING FIEN
82 Street Address (P.O. Box Number is Not Acceptable): 6201 S.W. 133RD ST.
83 MIAMI
84 City FL 85 Zip Code 33156

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 Irving Fien IRVING FIEN PRES. 3-22-1995

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	RABKIN, CYNTHIA D
STREET ADDRESS	1400 TREE VIEW LANE
CITY, ST, ZIP	RIVERSIDE, CA 00000
TITLE	PD
NAME	FIEN, IRVING
STREET ADDRESS	6201 SW 133RD ST
CITY, ST, ZIP	MIAMI, FL 00000
TITLE	D
NAME	FIEN, DEBORAH G
STREET ADDRESS	12090 SW 64TH AVE
CITY, ST, ZIP	MIAMI, FL 00000
TITLE	D
NAME	FIEN, ROSE
STREET ADDRESS	6201 SW 133RD ST
CITY, ST, ZIP	MIAMI, FL 00000
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		☐ Change ☐ Addition
12 NAME		
13 STREET ADDRESS		
14 CITY, ST, ZIP		
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY, ST, ZIP		
31 TITLE	D	☐ Change ☐ Addition
32 NAME	FIEN, DEBORAH, G	
33 STREET ADDRESS	2000 S. BAY SHORE DR.	
34 CITY, ST, ZIP	MIAMI, FL 33133	
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY, ST, ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY, ST, ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 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 if changed, or on an attachment with an address.

SIGNATURE: Irving Fien IRVING FIEN-PRES. 3-22-95. 305-666-9929
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0181732 CP