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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 286619

(2)

1. Corporation Name

ROSIRV LIQUIDATING, INC.

Principal Place of Business

6201 SW 133 ST
MIAMI FL 33156
US

Mailing Address

6201 SW 133 ST
MIAMI FL 33156
US

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

FIEN, IRVING
6201 SW 133 ST
MIAMI FL 33156

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.002 and 607.1503, Florida Statutes, the above named corporation certifies 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. Thereby, and accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0045, Florida Statutes.

SIGNATURE

Signature of the individual who is the registered agent

12. OFFICERS AND DIRECTORS

1. TITLE

D
NAME: RABKIN, CYNTHIA D
STREET ADDRESS: 1400 TREE VIEW LANE
CITY-STATE-ZIP: RIVERSIDE, CA 00000

2. TITLE

PD
NAME: FIEN, IRVING
STREET ADDRESS: 6201 SW 133RD ST
CITY-STATE-ZIP: MIAMI, FL 00000

3. TITLE

D
NAME: FIEN, DEBORAH G
STREET ADDRESS: 2000 S BAYSHORE DR
CITY-STATE-ZIP: MIAMI, FL 00000

4. TITLE

D
NAME: FIEN, ROSE
STREET ADDRESS: 6201 SW 133RD ST
CITY-STATE-ZIP: MIAMI, FL 00000

5. TITLE

NAME:

STREET ADDRESS:

CITY-STATE-ZIP:

6. TITLE

NAME:

STREET ADDRESS:

CITY-STATE-ZIP:

7. TITLE

NAME:

STREET ADDRESS:

CITY-STATE-ZIP:

8. TITLE

NAME:

STREET ADDRESS:

CITY-STATE-ZIP:

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1. TITLE

NAME:

1. STREET ADDRESS:

1. CITY-STATE-ZIP:

2. TITLE

NAME:

2. STREET ADDRESS:

2. CITY-STATE-ZIP:

3. TITLE

NAME:

3. STREET ADDRESS:

3. CITY-STATE-ZIP:

4. TITLE

NAME:

4. STREET ADDRESS:

4. CITY-STATE-ZIP:

5. TITLE

NAME:

5. STREET ADDRESS:

5. CITY-STATE-ZIP:

6. TITLE

NAME:

6. STREET ADDRESS:

6. CITY-STATE-ZIP:

7. TITLE

NAME:

7. STREET ADDRESS:

7. CITY-STATE-ZIP:

8. TITLE

NAME:

8. STREET ADDRESS:

8. CITY-STATE-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)(g), 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:

X IRVING FIEN - Irving Fien Prox

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X (305) 666-9929

CR2E034 (12/95)