FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(5)

THE ROSE CONDOMINUM, INC.							
Principal Place of Business		Mailing Address				L 1881) I 1881 B 1181 B 814 B 1884 B 110 B 811 B 181 B 1	ji
7725 CARLYLE AVE 7725 CARLYLE A P.O. BOX 33141 P.O. BOX 33141 MIAMI BEACH FL 33141 MIAMI BEACH FL				1 ·			
						3. Date Incorporated or Qualified 03/10/1971 3a. Date of Last Report 04/10/1996	
2. Principal F	Place of Business	2a. Mailing	Address			4. FEI Number Applied Fo 59-1372400 Not Applied	
			Apt. #, elc.			5. Certificate of Status Desired S8.75 Additiona	
City & Stat	le	City & State				6. Election Campaign Financing \$5.00 May Be	
Zip	Country	Zip Country			,	Trust Fund Contribution Added to Fees	
24	25 29		3	30		8. This corporation has liability for intangible tax under s. 199,032 Florida Statutes ☐ Yes ☐ No	•
	9. Name and Address of Curre		gent	·· J		10. Name and Address of New Registered Agent	
				81	Name		
MORAGUES, JOSE R. 7725 CARLYLE AVENUE				82	Street A	Address (P.O. Box Number is Not Acceptable)	***
APARTMENT 1				83			
MIAMI B	EACH FL 33141			84	City	FL 85 Zip Code	
11. Pursuant to the provisions of Socions 617.0502 and 617.1508, 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 617.0503, Florida Statutes.							
SIGNATURE	in lamiliar with, and accept the obit	gations of, Section	11617.0303, FION	ua Statutes	.		
	Signature, typed or printed name of registered as		le. (NOTE: I		nt signature r	required when reinstating) DATE	
12.		ND DIRECTORS	T or ere	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD		☐ DELETE	1.1 TITLE		☐ Change ☐ Addi	lion
NAME	HASTERLIK, ROSALYN			1.2 NAME	l		
STREET ADDRESS	7725 CARLYLE AVENUE			1.3 STREET			
CITY-ST-ZIP TITLE	MIAMI BEACH FL PSD		DELETE	1.4 CITY-S 2.1 TITLE	1-ZIP	☐ Change ☐ Addi	tinn
NAME	ROSENFELD, DAVID			2.1 TITLE 2.2 NAME		Change C Addr	ווטוו
STREET ADDRESS	7725 CARLYLE AVENUE #4			2.2 NAME 2.3 STREET	4000000		
CITY-ST-ZIP	MIAMI BEACH FL 33141			2.4 DITY-S			
TITLE	VD		DELETE	3.1 TITLE	11-211	☐ Change ☐ Addi	tion
NAME	MORAGUES, JOSE			3.2 NAME			
STREET ADDRESS	7725 CARLYLE AVENUE			3.3 STREET	ADDRESS		Ī
CITY-ST-ZIP	MIAMI BEACH FL			3.4. CITY - S			
TITLE			DELETE	4.1 TITLE		Change Addi	lion
NAME				4. 2 NAME			Ì
STREET ADDRESS				4.3 STREET	ADDRESS		ĺ
CITY-ST-ZIP				4.4 CITY- \$1	r-zie		
TITLE		-	DELETE	51 TITLE		☐ Change ☐ Addi	ion
NAME				52 NAME			
STREET ADDRESS			•	5.3 STREET	address		
CITY-ST-ZIP				5.4 CITY-ST	-ZIP		
TITLE			DELETE	6.1 TITLE		☐ Change ☐ Addil	ion
NAME			-	6.2 NAME			ļ
STREET ADDRESS				6.3 STREET A	ADDRESS		
CITY-ST-ZIP				6.4 CITY - ST	- ZIP		

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 tam an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

FILED

Apr 14 1997 8:00am

Secretary of State