

FILE NOW: FILING AFTER MAY 1 IS \$550.00

FILED  
May 08 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P93000035775 (4)  
1. Corporation Name  
ROSALT, INC.



Principal Place of Business: 8399 PONCE DE LEON BLVD. SUITE 202 CORAL GABLES FL 33134 US  
Mailing Address: 3399 PONCE DE LEON BLVD. SUITE 202 CORAL GABLES FL 33134-7281 US

3. Date Incorporated or Qualified: 05/18/1993  
3a. Date of Last Report

2. Principal Place of Business		2a. Mailing Address		4. FEI Number: 65-0411829		4. Certificate of Status Desired: <input type="checkbox"/> \$8.75 Addn Fee Required	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	5. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Added to Fo		6. This corporation has liability for intangible tax under s. 190 Florida Statutes: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
22		27		6. Date of Last Report			
23		28		7. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
24		29		81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
25		30		83		84 City	

HANS BAUMBERGER  
3399 PONCE DE LEON BLVD.  
SUITE 202  
CORAL GABLES FL 33134

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	
TITLE	PTSM <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
NAME	BAUMBERGER, HANS	1.2 NAME	
STREET ADDRESS	3399 PONCE DE LEON BLVD. SUITE 202	1.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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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 o. 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: *Hans Baumberger (Resident)* 4/27/98 (205) 461-5223