

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000011988 (9)**

1. Corporation Name
ROSNICK ENTERPRISES, INC.



Principal Place of Business: **3003 SW 18 ST MIAMI FL 33145**
Mailing Address: **3003 SW 18 ST MIAMI FL 33145**

3. Date Incorporated or Qualified: **02/13/1995**
3a. Date of Last Report: _____
4. FEL Number: **65-0564138**
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. 193.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 State, Apt. #, etc.: _____ 22 City & State: _____ 23 Zip: _____ Country: _____
2a. Mailing Address: 26 State, Apt. #, etc.: _____ 27 City & State: _____ 28 Zip: _____ Country: _____
24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BARRIOS, JOSE A
3003 SW 18 ST
MIAMI FL 33145**

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 607.0502 and 607.1506, 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 607.0604, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE: _____	<input type="checkbox"/> DELETE
2. NAME: DP BARRIOS, JOSE A JR	
3. STREET ADDRESS: 3003 SW 18 ST	
4. CITY, ST, ZIP: MIAMI FL 33145	
5. TITLE: _____	<input type="checkbox"/> DELETE
6. NAME: OST BARRIOS, LYDIA	
7. STREET ADDRESS: 3003 SW 18 ST	
8. CITY, ST, ZIP: MIAMI FL 33145	
9. TITLE: _____	<input type="checkbox"/> DELETE
10. NAME: _____	
11. STREET ADDRESS: _____	
12. CITY, ST, ZIP: _____	
13. TITLE: _____	<input type="checkbox"/> DELETE
14. NAME: _____	
15. STREET ADDRESS: _____	
16. CITY, ST, ZIP: _____	
17. TITLE: _____	<input type="checkbox"/> DELETE
18. NAME: _____	
19. STREET ADDRESS: _____	
20. CITY, ST, ZIP: _____	

1. TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME: _____	
3. STREET ADDRESS: _____	
4. CITY, ST, ZIP: _____	
5. TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME: _____	
7. STREET ADDRESS: _____	
8. CITY, ST, ZIP: _____	
9. TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME: _____	
11. STREET ADDRESS: _____	
12. CITY, ST, ZIP: _____	
13. TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME: _____	
15. STREET ADDRESS: _____	
16. CITY, ST, ZIP: _____	
17. TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME: _____	
19. STREET ADDRESS: _____	
20. 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)(k), 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: *Jose A Barrios* PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)