SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # P95000054544 (8)

1. Corporation Name

ROSANNA, INC.

Principal Place of Business: 2655 COLLINS AVE. MIAMI BEACH FL 33140

Mailing Address: 2655 COLLINS AVE. MIAMI BEACH FL 33140

3. Date Incorporated or Qualified: 07/14/1995

3a. Date of Last Report

2. Principal Place of Business — 21; Suite, Apt #, etc. — 22; City & State — 23; Zip — 24; Country — 25

2a. Mailing Address — 26; Suite, Apt. #, etc — 27; City & State — 28; Zip — 29; Country — 30

4. FEI Number: 65-0598644 ☐ 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

SALUSSOLIA, PIERO
200 S. BISCAYNE BLVD.
SUITE 4815
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name: FRANCESCO CARACCIOLO DI MARANO
82 Street Address (P.O. Box Number is Not Acceptable): 2655 COLLINS AV
83
84 City: MIAMI BEACH **FL** 85 Zip Code: 33140

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: [signature] President 07-08-1996
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	P/S ☐ Change ☐ Addition
NAME	DI MARANO, FRANCESCO C		1.2 NAME	FRANCESCO CARACCIOLO di MARANO
STREET ADDRESS	VIA CAMILLO JACOBINI 187		1.3 STREET ADDRESS	2655 Collins Avenue
CITY-ST-ZIP	00139 ROME, ITALY		1.4 CITY-ST-ZIP	Miami - Florida - 33140
TITLE	D	☐ DELETE	2.1 TITLE	V/T ☐ Change ☐ Addition
NAME	CAPITANI, LUCA		2.2 NAME	LUCA CAPITANI
STREET ADDRESS	VIA PATRIZIO GENNARI 81		2.3 STREET ADDRESS	2655 Collins Avenue
CITY-ST-ZIP	00156 ROME, ITALY		2.4 CITY-ST-ZIP	Miami - Florida - 33140
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 07-08-1996
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/96)