May 06, 1999 8:00 am Secretary of State

05-06-1999 90021 020 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999

.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000084215

1. Corporation Name

ROSEMONT SERVICES CORP.

Principal Place	of Business	Mailing Address			İ	I IMMITTAL IN INC.			
11355 SOUTHWEST 84TH STREET MIAMI FL 33173		11355 SOUTHWEST 84TH STREET							
		MIAMI FL 33173			DO NOT WRITE IN THIS SPACE				
					3.	Date Incorporated or Qualifed			
!					•	10/11/1996			i
2 Principal Pl	ace of Business	2a. Mailing Address			4.	FEI Number			Applied For
21	0. 220000	26			} "	65-0701544			Not Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.						\$8.75	Additional
─ ─ ' '	<i>"</i> , 0.0.	27			5.	Certifcate of Status Desired		Fee	Required
City & State	<u> </u>	City & State				Election Campaign Financing		\$5.0	0 May Be
23		28			"	Trust Fund Contribution		•	d to Fees
Zip	Country	Zip	Cour	try	8	This corporation owes the cur	rrent year Int	angible	
24	25	29	30		"	Personal Property Tax.		Yes	□No
	9. Name and Address of Current	Registered Agent			10.	Name and Address of New	Registered	Agent	
	<u> </u>			B1 Nam	ne				İ
COR	PCO, INC.		}	93 Ct	et Addreses /F	P.O. Box Number is Not Accep	table)		———
2699 SOUTH BAYSHORE DRIVE 7TH F		LOOR 82 Street A		et Address (F	O. Bux Number is Not Accep	(abie)		l	
MIAN	AI FL 33133		Ī	B3					
			Į	B4 City			FL	85 Zi	p Code
44 Dureupot	to the provisions of Sections 607.0502	2 and 607 1508. Florida Statute	s. the ab	ove-name	ed corporatio	n submits this statement for the	e purpose of	changing	its registered
office or re	ocistored agent of both in the State r	nt Florida. Such chande was all	ITOOOTZEO	nv ine cn	rporation's b	oard of directors. Thereby acce	ept the appoi	ntment as	registered
agent I a	m familiar with, and accept the obligati	ions of, Section 607.0505, Flori	ida Statu	es.		•			·
SIGNATURE	· =	t and title if applicable (NOTE: I	Registered a	voent signatu	re required when i	reinstating)	DATE		
SIGNATURE	Signature, typed or printed name of registered agent			gent signatu	required when			ID DIREC	TORS IN 12
SIGNATURE	· =		13.		_	reinstating) ADDITIONS/CHANGES TO O		ID DIREC	
12.	Signature, typed or pnnted name of registered agent	DIRECTORS	13.	E	_				
12.	Signature, typed or printed name of registered agent OFFICERS ANI P SHAHAM, JACOB	DIRECTORS	13, 1.1 TITI 1.2 NA	E ME					
12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS ANI P SHAHAM, JACOB 9101 SW 103 ST	DIRECTORS	13. 1.1 TIII 1.2 NA 1.3 STI	E ME EEET ADORES					
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS ANI P SHAHAM, JACOB 9101 SW 103 ST MIAMI FL	DIRECTORS	13. 1.1 TM 1.2 NA 1.3 ST 1.4 CM	E ME EET ADORES (-ST-ZIP					e 🛅 Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agent Cofficers and P SHAHAM, JACOB 9101 SW 103 ST MIAMI FL VP	D DIRECTORS	13. 1.1 TIII 1.2 NAI 1.3 STI 1.4 CIII	E ME EET ADORES (-ST-ZIP				Chang	e 🛅 Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	P SHAHAM, JACOB 9101 SW 103 ST MIAMI FL VP MANKOFF, LARRY	D DIRECTORS	13. 1.1 TM 1.2 NA 1.3 ST 1.4 CM 2.1 TM 2.2 NA	E ME LEET ADORES Y-ST-ZIP E	ss			Chang	e 🛅 Addition
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14. I 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 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS