

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**

**Apr 08 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 283026 (3)**

1. Corporation Name  
**ROSE RICE ASSOCIATES, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>19140 COLLINS AVE. MIAMI BEACH FL 33160 US</b> <i>Sunny Isles Beach, FL</i>	Mailing Address <b>19140 COLLINS AVE MIAMI BEACH FL 33160 US</b> <i>Sunny Isles Beach, FL</i>
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3. Date Incorporated or Qualified <b>07/07/1964</b>	4. FEI Number <b>59-1085917</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

21. Principal Place of Business <b>19140 Collins Ave.</b>	26. Mailing Address <b>19140 Collins Ave.</b>
22. Suite, Apt. #, etc. <b>107</b>	27. Suite, Apt. #, etc. <b>107</b>
23. City & State <b>Sunny Isles Beach, Fla</b>	28. City & State <b>Sunny Isles Beach, Fla</b>
24. Zip <b>33160</b>	25. Country <b>U.S.</b>
29. Zip <b>33160</b>	30. Country <b>U.S.</b>

9. Name and Address of Current Registered Agent

**RICE, ROSE**  
**19140 -19115 COLLINS AVE**  
**MIAMI BEACH FL 33160**  
**SUNNY ISLES BEACH, FL. 33160**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature: typed or printed name of registered agent and firm if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	<b>RICE, ROSE</b>	
STREET ADDRESS	<b>19115 COLLINS AVE.</b>	
CITY-ST-ZIP	<b>MIAMI BCH, FL 00000</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>PERGAMENT, ANN</b>	
STREET ADDRESS	<b>609 N. E. 14TH AVE.</b>	
CITY-ST-ZIP	<b>HALLANDALE FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>19140 COLLINS AVE</b>
1.4 CITY-ST-ZIP	<b>SUNNY ISLES BEACH, FL 33160</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE: *Rose Rice* **4-2-98** **305/947-4122**

CR2E034 (10/97)