

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **595454** (0)

1. Corporation Name

MARVIN ROSEN & ASSOCIATES, INC.



Principal Place of Business

**1586 MADRUGA AVENUE
CORAL GABLES FL 33146-3020**

Mailing Address

**1586 MADRUGA AVENUE
CORAL GABLES FL 33146-3020**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

g. Name and Address of Current Registered Agent

**ROSEN, MARVIN
1586 MADRUGA AVE.
CORAL GABLES FL 33146**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

11/28/1978

3a. Date of Last Report

04/21/1995

4. FET Number

59-1864190

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

10. Name and Address of New Registered Agent

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature Required with Filing)

DATE

12.

OFFICERS AND DIRECTORS

TITLE

PVT

☐ DELETE

NAME

**ROSEN, MARVIN
1586 MADRUGA AVE.
CORAL GABLES FL**

STREET ADDRESS

CITY - ST - ZIP

TITLE

SD

☐ DELETE

NAME

**ROSEN, ROCHELLE
1586 MADRUGA AVE.
CORAL GABLES FL**

STREET ADDRESS

CITY - ST - ZIP

TITLE

D

☐ DELETE

NAME

**ROSEN, MARVIN
1586 MADRUGA AVE.
CORAL GABLES FL**

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/96 305-667-8424
DATE TELEPHONE

CR2E034 (12/95)