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

FILED
May 13, 1999 8:00 am
Secretary of State
05-13-1999 90034 037 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

549369 - 90034 - 37

DOCUMENT # 833618

1. Corporation Name

ROSEMONT PROPERTIES N.V.

Principal Place of Business	Mailing Address
ONE S.E. THIRD AVENUE SUITE 2130 MIAMI, FL 33131	ONE S.E. THIRD AVENUE SUITE 2130 MIAMI, FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/09/1975
4. FEI Number: 98-0040245 — 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 owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

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

9. Name and Address of Current Registered Agent

COPROLITE CORPORATION
ONE SOUTHEAST THIRD AVENUE
SUITE 2130
MIAMI, FL 33131

10. Name and Address of New Registered Agent
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 607.1508, 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☒ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	TOBAL, MARCOS	1.2 NAME	
STREET ADDRESS	1 SE 3 AVE., #1400	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL	1.4 CITY-ST-ZIP	
TITLE	SA ☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	FRANKEL, MELVIN F.	2.2 NAME	
STREET ADDRESS	1 SE 3RD AVENUE #1400	2.3 STREET ADDRESS	SUITE 2130
CITY-ST-ZIP	MIAMI, FL 33131	2.4 CITY-ST-ZIP	
TITLE	TD ☐ DELETE	3.1 TITLE	V/T/D ☒ Change ☐ Addition
NAME	TOBAL, JOYCE	3.2 NAME	
STREET ADDRESS	1 SE 3RD AVENUE, #1400	3.3 STREET ADDRESS	SUITE 2130
CITY-ST-ZIP	MIAMI, FL 33131	3.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	4.1 TITLE	D ☒ Change ☐ Addition
NAME	CORPORATE ASSISTANTS	4.2 NAME	CORPORATE AGENTS N.V.
STREET ADDRESS	23 PIETERMAAN	4.3 STREET ADDRESS	3 L.B. SMITHPLEIN
CITY-ST-ZIP	CURACAO, NETHERLANDS ANTILLES	4.4 CITY-ST-ZIP	CURACAO, NETHERLANDS ANTILLES
TITLE	☐ DELETE	5.1 TITLE	P/D ☐ Change ☒ Addition
NAME		5.2 NAME	TOBAL, ROBERTO CLAUDIO
STREET ADDRESS		5.3 STREET ADDRESS	1 SE 3RD AVENUE SUITE 2130
CITY-ST-ZIP		5.4 CITY-ST-ZIP	MIAMI, FL 33131
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 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.

SIGNATURE: MELVIN F. FRANKEL — 04/22/99 — 305-377-9353
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Secretary

STF FL32381F.1

CR2E034 (11/98)