

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

FILED

Apr 17 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F96000002757 (0)

1. Corporation Name  
ROSADO GRANDE, INC.

Principal Place of Business  
900 COTTAGE GROVE RD., #2-311  
HARTFORD CT 06152-2311

Mailing Address  
900 COTTAGE GROVE RD., #2-311  
HARTFORD CT 06152-0001



3. Date Incorporated or Qualified  
06/03/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEI Number  
APPLIED FOR

Applied For  
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

22 City & State

27 City & State

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

23 Zip

Country

28 Zip

Country

24 06152-2315

25

29 06152-2315

30

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of (1) For 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	D	ALBERT, HAROLD W	<input type="checkbox"/> DELETE
NAME		900 COTTAGE GROVE RD., #2-311	
STREET ADDRESS		HARTFORD CT 06152-2311	
CITY-ST-ZIP			
TITLE	D	BURGESS, ROBERT W	<input type="checkbox"/> DELETE
NAME		900 COTTAGE GROVE RD., #2-311	
STREET ADDRESS		HARTFORD CT 06152-2311	
CITY-ST-ZIP			
TITLE	D	REEDS, ARTHUR C III	<input type="checkbox"/> DELETE
NAME		900 COTTAGE GROVE RD., #2-311	
STREET ADDRESS		HARTFORD CT 06152-2311	
CITY-ST-ZIP			
TITLE	P	SMITH, THOMAS M	<input type="checkbox"/> DELETE
NAME		900 COTTAGE GROVE RD., #2-311	
STREET ADDRESS		HARTFORD CT 06152-2311	
CITY-ST-ZIP			
TITLE	V	ROGERS, JAMES H	<input type="checkbox"/> DELETE
NAME		900 COTTAGE GROVE RD., #2-311	
STREET ADDRESS		HARTFORD CT 06152-2311	
CITY-ST-ZIP			
TITLE	V	PICCONI, SCOTT S	<input type="checkbox"/> DELETE
NAME		900 COTTAGE GROVE RD., #2-311	
STREET ADDRESS		HARTFORD CT 06152-2311	
CITY-ST-ZIP			

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	#S-215
1.4 CITY-ST-ZIP	06152-2315
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	#S-215
2.3 STREET ADDRESS	06152-2315
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	#S-215
3.3 STREET ADDRESS	06152-2315
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	#S-215
4.3 STREET ADDRESS	06152-2315
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	#S-215
5.3 STREET ADDRESS	06152-2315
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	100002146701
6.3 STREET ADDRESS	-04/17/97--010837-016215
6.4 CITY-ST-ZIP	***165.00

14. I do 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: *Harold W. Albert* Harold W. Albert

4/8/97 (860) 726-7793

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/96)