PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9600002757

1. Corporation Name

ROSADO GRANDE, INC.

FILE	D
May 06, 199	9 8:00 am
Secretary (of State
05.06.1000.00002.0	46 ***150 00



Principal Place	e of Business	Mailing Addres	SS					
900 COTTAGE	GROVE RD., #2-311	900 COTTAGE (GROVE RD #2-31	11		•		
# S-215	011012 11011 112 011	# S-215						
HARTFORD CT	06152-2215	HARTFORD CT	06152-2215			DO NOT WRITE IN	THIS SPACE	
US						3. Date Incorporated or Qualifed		
						06/03/1996		j
2 Dringing D	Name of Business	2a. Mailing Ade	droce			4. FEI Number		Applied For
—	lace of Business	·	niess			I — .		<u>· </u>
21		26				06-1460162		lot Applicable
Suite, Apt.	#, etc.	Suite, Apt.	#, etc.			5. Certifcate of Status Desired		Additional
22		27				C. Commodic of States 200 in Ca	Fee F	Required
City & Stat	te	City & Stat	e			6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution		to Fees
Zip	Country	Zip	Ċ	ountry		8. This corporation owes the current year	er Intangible	
_ `		-		,		Personal Property Tax.	∏ Yes	□No
24	25	29	30					
	9. Name and Address of Curren	nt Registered Agen	t	-		10. Name and Address of New Registe	area Agent	
		•		81	Name			
	CORPORATION SYSTEM			82	Stroot	Address (P.O. Box Number is Not Acceptable)		******
1200) South Pine Island Road			02	Sueer	Address (F.O. Box Namber is Not Acceptable)		
PLAN	NTATION FL 33324			83				
				"				
				84	City		85 Zip	Code
							FL S	
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Flo	orida Statutes, the	above	e-named	corporation submits this statement for the purpo-	se of changing i	ts registered
l office or r	registered agent, or both, in the State	of Florida. Such cha	ange was authoriz	zed by	the corpo	pration's board of directors. I hereby accept the	appointment as I	registered
agent. I a	rm familiar with, and accept the obliga	ations of, Section ou.	7.0505, Piorida Si	tatutes	•			
SIGNATURE						equired when reinstating) DAT		
	Signature, typed or printed name of registered ager				t signature n	iquitos internocimis,		ODC (N. 42
12.		ND DIRECTORS	1:	3.	t signature r	ADDITIONS/CHANGES TO OFFICER	S AND DIRECT	
		ND DIRECTORS	1:		it signature n	iquitos internocimis,		
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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.

CITY-ST-ZIP

CR2E034 (11/98)