

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
JENNIFER B. MATHIAS
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

DOCUMENT # G33296

(6)

95 MAY -1 PM 2:18

**1. Corporation Name
ROSICLER, INC.**

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

Mailing Address

**% ONDINA ZARIBAF
2100 S.W. 87TH AVENUE
MIAMI FL 33165**

**% ONDINA ZARIBAF
2100 S.W. 87TH AVENUE
MIAMI FL 33165**

Do Not Write In This Space

**3. Date of Incorporation or Creation
04/12/1983**

**3a. Date of Last Report
04/20/1994**

**4. FET Number
95-4079880**

**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. 198.03, Florida Statutes. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21. State Apt. # etc.

26. State Apt. # etc.

22. City & State

27. City & State

23. City & State

28. City & State

24. City & State

29. City & State

30. City & State

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ZARIBAF, ONDINA
2100 S.W. 87TH AVENUE
MIAMI FL 33165**

81. Name

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

83. City

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.05(4), and 607.15(6), 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 authorized and accept the obligations of Section 607.05(4), Florida Statutes.

SIGNATURE

(Signature of Registered Agent)

(Signature of Registered Agent)

(Signature)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1	PT
NAME	ZARIBAF, SEYED K.
STREET ADDRESS	2100 S.W. 87TH AVENUE
CITY, STATE, ZIP	MIAMI FL
12.2	D
NAME	ZARIBAF, SEYED S
STREET ADDRESS	24 W. COLORADO BLVD.
CITY, STATE, ZIP	PASADENA CA
12.3	D
NAME	MALMBERG, HANS
STREET ADDRESS	BJOERKHAGSVAAGEN S575246
CITY, STATE, ZIP	UPPSALA, SWEDEN
12.4	S
NAME	ZARIBAF, ONDINA
STREET ADDRESS	2100 SW 87TH AVE.
CITY, STATE, ZIP	MIAMI FL
12.5	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
12.6	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	

13.1	☐ Change ☐ Addition
13.2	
13.3	☐ Change ☐ Addition
13.4	
13.5	☐ Change ☐ Addition
13.6	
13.7	☐ Change ☐ Addition
13.8	
13.9	☐ Change ☐ Addition
13.10	
13.11	☐ Change ☐ Addition
13.12	
13.13	☐ Change ☐ Addition
13.14	
13.15	☐ Change ☐ Addition
13.16	
13.17	☐ Change ☐ Addition
13.18	
13.19	☐ Change ☐ Addition
13.20	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.02(4)(b), 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 make this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if it changed, or on an attachment with an address.

SIGNATURE:

(Signature)
SEYED K. ZARIBAF
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/01/95 305-566-1684
Date Signature/Phone #