FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 10 AM 8:58

DOCUMENT # G99396 (5)

1. Corporation Name
ROSSAKO, INC.

Principal Place of Business	Mailing Address
ROSSAKO, INC. EXEC. SQUARE PARK OFF. REO STREET BLDG. 402 S-107 TAMPA, FL 33609	ROSSAKO, Inc. P.O. Box 7212 Wesley Chapel, Fl. 34249

2. Principal Place of Business	20. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/08/1984
3a. Date of Last Report: 01/20/1994
4. FEI Number: 59-2381050 — Applied For / Not Applicable
5. Certificate of Status Desired [X] $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [X] $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes [X] Yes [ ] No

9. Name and Address of Current Registered Agent

MEJDOUB H., RAMON A., SR.
207 TAMPA DOWNS BLVD.
LUTZ FL 33549

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] Ramon A. Mejdoub H. Sr. [illegible]

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

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	MEJDOUB, RAMON H.A. SR.
STREET ADDRESS	207 TAMPA DOWNS BLVD.
CITY ST ZIP	LUTZ FL
TITLE	ST
NAME	MACDOUGALL, AUDREY G.
STREET ADDRESS	3817 CLOVERHILL CT.
CITY ST ZIP	TAMPA FL
TITLE	ST
NAME	MEJDOUB, ARGENTINA
STREET ADDRESS	207 TAMPA DOWNS BLVD.
CITY ST ZIP	LUTZ FL
TITLE	VP
NAME	SLOAN, JAN MARIE
STREET ADDRESS	207 TAMPA DOWNS BLVD.
CITY ST ZIP	LUTZ FL
TITLE	C
NAME	WELLS, ROGER
STREET ADDRESS	209 HICKORY LN.
CITY ST ZIP	LUTZ FL
TITLE	HO
NAME	WELLS, FLORINDA
STREET ADDRESS	209 HICKORY LN.
CITY ST ZIP	LUTZ FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE / 1 NAME / 1 STREET ADDRESS / 1 CITY ST ZIP	[ ] Change	[ ] Addition
2 TITLE / 2 NAME / 2 STREET ADDRESS / 2 CITY ST ZIP	[ ] Change	[ ] Addition
3 TITLE / 3 NAME / 3 STREET ADDRESS / 3 CITY ST ZIP	[ ] Change	[ ] Addition
4 TITLE / 4 NAME / 4 STREET ADDRESS / 4 CITY ST ZIP	[ ] Change	[ ] Addition
5 TITLE / 5 NAME / 5 STREET ADDRESS / 5 CITY ST ZIP	[ ] Change	[ ] Addition
6 TITLE / 6 NAME / 6 STREET ADDRESS / 6 CITY ST ZIP	[ ] Change	[ ] Addition

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 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: [signature] 01-14-5 (813) 237-2051

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

RAMON A. MEJDOUB H. SR. CPT

0202711 CP