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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **G99396** **(5)**

1. Corporation Name
ROSSAKO, INC.

Principal Place of Business
EXEC. SQUARE PARK OFF. REO STREET BLDG 402
107
TAMPA FL 33609
US

Mailing Address
P.O. BOX 7212
SUITE 106
WESLEY CHAPEL FL 34249
US

3. Date Incorporated or Qualified: **03/08/1984**
3a. Date of Last Report: **01/18/1995**

2. Principal Place of Business
21 Suite, Apt. #, etc.: Exc.Sqr.Park Off 406
22 City & State: 138
23 Zip: Tampa,Fl.
24 Country: 33609
25: Hillsborough

2a. Mailing Address
26 Suite, Apt. #, etc.: P.O. Box 7212
27 City & State: No Suite
28 Zip: Wesley Chapel,Fl.
29 Country: 33543
30: Pasco

4. FEI Number: **59-2381050** ☐ 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. 199.032, Florida Statutes. ☒ 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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MEJDOUB, RAMON H.A. SR. 207 TAMPA DOWNS BLVD. LUTZ FL	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST MEJDOUB, ARGENTINA 207 TAMPA DOWNS BLVD. LUTZ FL	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP SLOAN, JAN MARIE 207 TAMPA DOWNS BLVD. LUTZ FL	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C WELLS, ROGER 209 HICKORY LN. LUTZ FL	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	HO WELLS, FLORINDA 209 HICKORY LN. LUTZ FL	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP ☐ Change ☐ Addition

CR2E034 (12/95)

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: R. A. Mejdoub Jr. 01-15-96 (813)287-2951
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
RAMON A. MEJDOUB JR. EXEC. DIRECTOR