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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 20, 1999 8:00 am Secretary of State 04-20-1999 90179 005 ***150.00

DOCUMENT #	H39128
Cornoration Name	1100120

ROSS IN	ITERIORS, INC.	·	4.				
Principal Place % ROSARIO PR 1403 W. BOYNT BOYNTON BEAM	regadio Ton Beach Blvd.	Mailing Address % ROSARIO PREGADIO 1403 W. BOYNTON BEACH BL BOYNTON BEACH FL 33426	.VD.		DO NOT WRITE IN TH		#1611 #1611 (##1
<u> </u>	ace of Business	2a. Mailing Address			01/23/1985 4. FEI Number 59-2472495	<u> </u>	pplied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75	Additional equired
City & State	в	City & State			6. Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip 24	Country 25	Zip 30	Country	<i>'</i>	This corporation owes the current year Personal Property Tax. Name and Address of New Registers	Yes	□No
-	9. Name and Address of Current	Registered Agent	81	Name	TU. Name and Address of New Registers	ra whaur	
1403	Gadio, Rosario I w Boynton BCH BLVD. Nton Beach FL 33435		82	l	ess (P.O. Box Number is Not Acceptable)		
	NION BEACHTE 30433		83 84			85 Zip	Code
						of changing its	- registered
11, Pursuant office or re agent. I as	egistered agent, or both, in the State of m familiar with, and accept the obligation	ons of, Section 607.0505, Florida	orized by Statutes BOS	TINE COPPORATION	oration submits this statement for the purpose on's board of directors. I hereby accept the appropriate the property of the pr	opointment as re	egistered .
office or re agent. I as	egistered agent, or both, in the State of m familiar with, and accept the obligation	ons of, Section 607.0505, Florida and title if applicable. (NOTE: Re	orized by Statutes BOS	e-named corporations. ARIO nt signature required	PREGADIO 4	105 199	1
office or re agent. I a	egistered agent, or both, in the State of m familiar with, and accept the obligation of the state of manual agents of the state of the	ons of, Section 607.0505, Florida and title if applicable. (NOTE: Re	Statutes Sistered Ager 13. 1.1 TITLE 1.2 NAME	PAR LO	PREGADIO 4 when reinstating) DATE	105 199	1
office or ragent. I as SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, when or printed name of registered agent, or both, in the State of m farmiliar with, and accept the obligation of the state	ons of, Section 607.0505, Florida and title if applicable. (NOTE: Re	a Statutes POS gistered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREET	TADDRESS	PREGADIO 4 when reinstating) DATE	OS 199	7 ORS IN 12
office or reagent. I as SIGNATURE 12. TITLE NAME	egistered agent, or both, in the State of m familiar with, and accept the obligation of the state of manual agents of the state of the	ons of, Section 607.0505, Florida and title if applicable. (NOTE: Re	Statutes Sistered Ager 13. 1.1 TITLE 1.2 NAME	TADDRESS	PREGADIO 4 when reinstating) DATE	OS 199	7 ORS IN 12
office or ragent. I ai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, when or printed name of registered agent, or both, in the State of m farmiliar with, and accept the obligation of the state	Trionda. Such change was aumons of, Section 607.0505, Florida and title if applicable. (NOTE: Re D DIRECTORS	Statutes POS gistered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME	TADDRESS	PREGADIO 4 when reinstating) DATE	OS (96 AND DIRECT	ORS IN 12
office or ragent. I as SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, when or printed name of registered agent, or both, in the State of m farmiliar with, and accept the obligation of the state	Trionda. Such change was aumons of, Section 607.0505, Florida and title if applicable. (NOTE: Re D DIRECTORS DELETE	a Stafutes 13. 1.1 TITLE 12 NAME 1.3 STREET 1.4 CITY-S 2.1 TIFLE 2.2 NAME 2.3 STREET 2.4 CITY-S	TADDRESS	PREGADIO 4 d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	OS (99 AND DIRECTO Change	ORS IN 12 Addition
Office or r agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	Signature, when or printed name of registered agent, or both, in the State of m farmiliar with, and accept the obligation of the state	Trionda. Such change was aumons of, Section 607.0505, Florida and title if applicable. (NOTE: Re D DIRECTORS	13. Statutes 13. Statutes 14. CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.2 NAME	TADDRESS ST-ZIP	PREGADIO 4 when reinstating) DATE	OS (99 AND DIRECTO Change	ORS IN 12 Addition
Office or ragent. I as SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, when or printed name of registered agent, or both, in the State of m farmiliar with, and accept the obligation of the state	Trionda. Such change was aumons of, Section 607.0505, Florida and title if applicable. (NOTE: Re D DIRECTORS DELETE DELETE	13. Statutes a Statutes a Statutes a Statutes a Statutes a Statute 13. 1.1 TITLE 12 NAME 1.3 STREET 2.4 CITY-S 2.1 TITLE 2.3 STREET 2.4 CITY-S 3.2 NAME 3.3 STREET 3.4 CITY-S 3.4 CITY-S 3.5 TREET 3	TADDRESS ST-ZIP TADDRESS ST-ZIP	PREGADIO 4 d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	OS (96 AND DIRECTO Change	ORS IN 12 Addition Addition
Office or ragent. I as SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	Signature, when or printed name of registered agent, or both, in the State of m farmiliar with, and accept the obligation of the state	Trionda. Such change was aumons of, Section 607.0505, Florida and title if applicable. (NOTE: Re D DIRECTORS DELETE	13. Statutes 13. Statutes 14. CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.2 NAME 3.3 STREET 3.2 NAME 3.3 STREET 3.4 STREET 3.5 NAME 3.3 STREET 3.5 STREET 3.5 NAME 3.5 STREET 3.5 NAME 3.5 STREET 3.5 STREET 3.5 NAME 3.5 STREET	TADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	PREGADIO 4 d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	OS (99 AND DIRECTO Change	ORS IN 12 Addition Addition
Office or ragent. I as SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE	Signature, when or printed name of registered agent, or both, in the State of m farmiliar with, and accept the obligation of the state	Trionda. Such change was aumons of, Section 607.0505, Florida and title if applicable. (NOTE: Re D DIRECTORS DELETE DELETE	13. Statutes a Statute a	TADDRESS ST-ZIP TADDRESS ST-ZIP TADDRESS ST-ZIP	PREGADIO 4 d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	OS (96 AND DIRECT Change Change	ORS IN 12 Addition Addition
office or ragent. I as SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	egistered agent, or both, in the State or m familiar with, and acceptuhe obligation of familiar with, and acceptuhe obligation of familiar with a printed name of registered agent of the property of the prop	Trionda. Such change was aumons of, Section 607.0505, Florida and title if applicable. (NOTE: Re D DIRECTORS DELETE DELETE	13. STATES 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.2 NAME 5.3 STREET 5.1 TITLE 5.2 NAME 6.3 STREET	TADDRESS ST-ZIP TADDRESS ST-ZIP TADDRESS ST-ZIP TADDRESS ST-ZIP	PREGADIO 4 d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	OS (96 AND DIRECTO Change	ORS IN 12 Addition Addition
Office of ragent. I ai agent. I ai signature 12. Title Name Street address city-st-zip title Title Name Street address city-st-zip title Title Street address city-st-zip title	egistered agent, or both, in the State or m familiar with, and acceptuhe obligation of familiar with, and acceptuhe obligation of familiar with a printed name of registered agent of the property of the prop	Triorida. Such change was authors of, Section 607.0505, Florida and title if applicable. (NOTE: Re D DIRECTORS DELETE DELETE DELETE DELETE DELETE DELETE	13. Statutes a Statutes a Statutes a Statutes a Statutes a Statute 1.3. I.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.4 CITY-S 3.3 STREET 4.2 NAME 4.3 STREET 4.2 NAME 4.3 STREET 4.2 NAME 4.3 STREET 4.5 NAME 5.3 STREET 5.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-S 5.5 STREET 5.5 NAME 5.5 NAM	TADDRESS ST-ZIP TADDRESS ST-ZIP TADDRESS ST-ZIP TADDRESS ST-ZIP	PREGADIO 4 d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	OS (96 AND DIRECT Change Change	ORS IN 12 Addition Addition
Office of ragent. I ai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	egistered agent, or both, in the State or m familiar with, and acceptuhe obligation of familiar with, and acceptuhe obligation of familiar with a printed name of registered agent of the property of the prop	Triorda. Such change was aum ons of, Section 607.0505, Florida and title if applicable. (NOTE: Re D DIRECTORS DELETE DELETE DELETE DELETE DELETE DELETE	13. Statutes a Statutes a Statutes a Statutes a Statutes a Statute 1.3. I.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.4 CITY-S 3.3 STREET 4.2 NAME 4.3 STREET 4.2 NAME 4.3 STREET 4.2 NAME 4.3 STREET 5.2 NAME 5.3 STREET 5.4 CITY-S 5.1 TITLE 6.2 NAME 5.3 NAME 5.3 STREET 5.4 CITY-S 5.1 TITLE 6.2 NAME 5.3	TADDRESS ST-ZIP TADDRESS ST-ZIP TADDRESS ST-ZIP TADDRESS ST-ZIP TADDRESS ST-ZIP TADDRESS ST-ZIP	PREGADIO 4 d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	OS 9C AND DIRECT Change Change Change	ORS IN 12 Addition Addition Addition

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.

SIGNATURE: >