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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # H67976

1. Corporation Name

ROSE IN	VESTMENT CORPORATION			·				
Principal Place	e of Business	Mailing Address						
2875 NE 191 ST #704 2875 NE 191 ST #704								
N. MIAMI FL 33180 N. MIAMI FL 33180				DO NOT WRITE IN THIS SP		SDACE		
+		•			3. Date Incorporated or Qualife		OI AUL	
				•	07/22/1985			
		- Mailian Addross			4. FEI Number		I A	pplied For
2. Principal P	lace of Business	2a. Mailing Address			59-2570193		<u> </u>	ot Applicable
1		26 Suite Ant # etc		<del></del>				Additional
Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certifcate of Status Desired		<b>v</b>	Fee Required	
2		City & State			6. Election Campaign Financir		\$5.00	May Be
City & Stat	e		ع مدر ۸ په		Trust Fund Contribution			to Fees
3	<u> </u>	28 Zip	Countr		8. This corporation owes the c	urrent vear inta		
Zip □	Country	Zip	30	,	Personal Property Tax.	or one your mile	⊈ Yes	□No
4	25	29	1301	·	10. Name and Address of New	w Registered	Agent	
	9. Name and Address of Current	r weitigreien wildig	81	1 Name	14.		<u> </u>	
RI O	OM, LEONARD					4.1.1.1		
	BRICKELL AVENUE		82	2 Street Addr	ress (P.O. Box Number is Not Acce	eptable)		
	E 1400		83	3	<del>ा । । । । । । । । । । । । । । । । । । ।</del>	कि विश्वविद्यार		1 1 2 3
	WI FL 33131		"	1		(4) (1) (1) (1) (1)	1.1	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
iain-m	WII 1 E 30101	• •	84	4 City		EI.	85 Zip	Code
	to the provisions of Sections 607.0502 registered agent, or both, in the State of am familiar with, and accept the obligat	2 and 607.1508, Florida Statut of Florida: Such change was a tions of, Section 607.0505, Flo	tes, the above authorized by orida Statute	ve-named corp y the corporations.	poration submits this statement for toon's board of directors. I hereby ac	the purpose of cept the appoir	changing it ntment as r	s registered egistered
SIGNATURE	Signature, typed or printed name of registered agen	at and title if applicable. (NOTE	E: Registered Age		ed when reinstating)	OATE	· · · · · · · · · · · · · · · · · · ·	
SIGNATURE	Signature, typed or printed name of registered agen OFFICERS AN			ent signature require	ed when reinstating)  ADDITIONS/CHANGES TO	OATE	· · · · · · · · · · · · · · · · · · ·	ORS IN 12
SIGNATURE  12. TITLE	Signature, typed or printed name of registered agen OFFICERS AN	ot and little if applicable. (NOTE	Registered Age	ent signature require	ed when reinstating)	OATE	D DIRECT	ORS IN 12
SIGNATURE  12.  TITLE  NAME	Signature, typed or printed name of registered agen OFFICERS AND PD MAYER, CHARLES	ot and little if applicable. (NOTE	13. 1.1 TITLE	ent signature require	ed when reinstating)  ADDITIONS/CHANGES TO	OATE	D DIRECT	ORS IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	Signature, typed or printed name of registered agen OFFICERS AN: PD MAYER, CHARLES 20130 NE 21ST CT.	ot and little if applicable. (NOTE	13. 1.1 TITLE 1.2 NAME	ent signature require	ed when reinstating)  ADDITIONS/CHANGES TO	OATE	D DIRECT	ORS IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Signature, typed or printed name of registered agen OFFICERS ANI PD MAYER, CHARLES 20130 NE 21ST CT. NORTH MIAMI BCH FL	nt and title if applicable. (NOTE D DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY-	ent signature require  ET ADDRESS ST-ZIP	ed when reinstating)  ADDITIONS/CHANGES TO	OATE	D DIRECT	ORS IN 12
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agen OFFICERS AN: PD MAYER, CHARLES 20130 NE 21ST CT. NORTH MIAMI BCH FL VD	ot and little if applicable. (NOTE	13. 1.1 TITLE 1.2 NAME 1.3 STREI 1.4 CITY- 2.1 TITLE	ent signature require	ed when reinstating)  ADDITIONS/CHANGES TO	OATE	D DIRECT	ORS IN 12
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered agen OFFICERS ANI PD MAYER, CHARLES 20130 NE 21ST CT. NORTH MIAMI BCH FL VD DICAPUA, RICCARDO	nt and title if applicable. (NOTE D DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREI 1.4 CITY- 2.1 TITLE 2.2 NAME	ent signature require	ed when reinstating)  ADDITIONS/CHANGES TO	OATE	D DIRECT	ORS IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	Signature, typed or printed name of registered agen OFFICERS AN: PD MAYER, CHARLES 20130 NE 21ST CT. NORTH MIAMI BCH FL VD DICAPUA, RICCARDO 3621 N. 53RD AVENUE	nt and title if applicable. (NOTE D DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREI 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREI	ent signature require  ET ADDRESS ST- ZIP  ET ADDRESS	ed when reinstating)  ADDITIONS/CHANGES TO	OATE	D DIRECT	ORS IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP	Signature, typed or printed name of registered agen OFFICERS ANI PD MAYER, CHARLES 20130 NE 21ST CT. NORTH MIAMI BCH FL VD DICAPUA, RICCARDO	nt and title if applicable. (NOTE D DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREI 1.4 CITY- 2.1 TITLE 2.2 NAME	ent signature require  ET ADDRESS ST- ZIP  ET ADDRESS - ST- ZIP	ed when reinstating)  ADDITIONS/CHANGES TO	OATE	D DIRECT	ORS IN 12 Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  TITLE  TITLE  TITLE	Signature, typed or printed name of registered agen OFFICERS AN: PD MAYER, CHARLES 20130 NE 21ST CT. NORTH MIAMI BCH FL VD DICAPUA, RICCARDO 3621 N. 53RD AVENUE HOLLYWOOD FL	nt and Uttle if applicable. (NOTE D DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREI 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY-	ent signature require  ET ADDRESS ST-ZIP  ET ADDRESS -ST-ZIP	ed when reinstating)  ADDITIONS/CHANGES TO	OATE	D DIRECT Change	ORS IN 12  Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	Signature, typed or printed name of registered agen OFFICERS AN: PD MAYER, CHARLES 20130 NE 21ST CT. NORTH MIAMI BCH FL VD DICAPUA, RICCARDO 3621 N. 53RD AVENUE HOLLYWOOD FL	nt and Uttle if applicable. (NOTE D DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREI 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAME	ET ADDRESS ST- ZIP ET ADDRESS	ed when reinstating)  ADDITIONS/CHANGES TO	OATE	D DIRECT Change	ORS IN 12  Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  STREET ADDRESS	Signature, typed or printed name of registered agen OFFICERS AN: PD MAYER, CHARLES 20130 NE 21ST CT. NORTH MIAMI BCH FL VD DICAPUA, RICCARDO 3621 N. 53RD AVENUE HOLLYWOOD FL	nt and Uttle if applicable. (NOTE D DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREI 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STRE	ET ADDRESS ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP	ed when reinstating)  ADDITIONS/CHANGES TO	OATE	D DIRECT Change	ORS IN 12  Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP	Signature, typed or printed name of registered agen OFFICERS AN: PD MAYER, CHARLES 20130 NE 21ST CT. NORTH MIAMI BCH FL VD DICAPUA, RICCARDO 3621 N. 53RD AVENUE HOLLYWOOD FL	D DIRECTORS  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREI 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STRE 3.4 CITY	ET ADDRESS ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP	ed when reinstating)  ADDITIONS/CHANGES TO	OATE	D DIRECT Change	ORS IN 12 Addition Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  TITLE  TITLE  TITLE  TITLE  TITLE	Signature, typed or printed name of registered agen OFFICERS AN: PD MAYER, CHARLES 20130 NE 21ST CT. NORTH MIAMI BCH FL VD DICAPUA, RICCARDO 3621 N. 53RD AVENUE HOLLYWOOD FL	D DELETE  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREI 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STRE 3.4. CITY 4.1 TITLE	ET ADDRESS ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP	ed when reinstating)  ADDITIONS/CHANGES TO	OATE	D DIRECT Change	ORS IN 12 Addition Addition
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  TITLE  NAME  TITLE  NAME	Signature, typed or printed name of registered agen OFFICERS AN: PD MAYER, CHARLES 20130 NE 21ST CT. NORTH MIAMI BCH FL VD DICAPUA, RICCARDO 3621 N. 53RD AVENUE HOLLYWOOD FL	D DIRECTORS  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREI 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAME	ET ADDRESS ST-ZIP  ET ADDRESS -ST-ZIP  ET ADDRESS -ST-ZIP  ET ADDRESS -ST-ZIP	ed when reinstating)  ADDITIONS/CHANGES TO	OATE	D DIRECT Change	ORS IN 12 Addition Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	Signature, typed or printed name of registered agen OFFICERS AN: PD MAYER, CHARLES 20130 NE 21ST CT. NORTH MIAMI BCH FL VD DICAPUA, RICCARDO 3621 N. 53RD AVENUE HOLLYWOOD FL	D DELETE  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREI 1.4 CITY 2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAM 4.3 STREI 4.3 STREI 4.3 STREI 4.3 STREI 4.1 STREI 4.3 STREI 4.	ET ADDRESS ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS	ed when reinstating)  ADDITIONS/CHANGES TO	OATE	D DIRECT Change	ORS IN 12 Addition Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Signature, typed or printed name of registered agen OFFICERS AN: PD MAYER, CHARLES 20130 NE 21ST CT. NORTH MIAMI BCH FL VD DICAPUA, RICCARDO 3621 N. 53RD AVENUE HOLLYWOOD FL	D DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREI 1.4 CITY 2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY	ET ADDRESS ST-ZIP  ET ADDRESS -ST-ZIP	ed when reinstating)  ADDITIONS/CHANGES TO	OATE	D DIRECT Change	ORS IN 12 Addition Addition Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  TITLE  TITLE  TITLE  TITLE  TITLE  TITLE  TITLE  TITLE	Signature, typed or printed name of registered agen OFFICERS AN: PD MAYER, CHARLES 20130 NE 21ST CT. NORTH MIAMI BCH FL VD DICAPUA, RICCARDO 3621 N. 53RD AVENUE HOLLYWOOD FL	D DELETE  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREI 1.4 CITY 2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAM 4.3 STREI 4.3 STREI 4.3 STREI 4.3 STREI 4.1 STREI 4.3 STREI 4.	ET ADDRESS ST-ZIP  ET ADDRESS -ST-ZIP  ET ADDRESS -ST-ZIP  ET ADDRESS -ST-ZIP  ET ADDRESS -ST-ZIP	ed when reinstating)  ADDITIONS/CHANGES TO	OATE	D DIRECT Change	ORS IN 12 Addition Addition Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	OFFICERS AN  PD MAYER, CHARLES 20130 NE 21ST CT. NORTH MIAMI BCH FL  VD DICAPUA, RICCARDO 3621 N. 53RD AVENUE HOLLYWOOD FL	D DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREI 1.4 CITY 2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY 5.1 TITLE 5.2 NAME	ET ADDRESS ST-ZIP  ET ADDRESS -ST-ZIP  ET ADDRESS -ST-ZIP  ET ADDRESS -ST-ZIP  ET ADDRESS -ST-ZIP	ed when reinstating)  ADDITIONS/CHANGES TO	OATE	D DIRECT Change	ORS IN 12 Addition Addition Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	OFFICERS AN  PD MAYER, CHARLES 20130 NE 21ST CT. NORTH MIAMI BCH FL  VD DICAPUA, RICCARDO 3621 N. 53RD AVENUE HOLLYWOOD FL	D DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREI 1.4 CITY 2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY 5.1 TITLE 5.2 NAME	ET ADDRESS ST-ZIP  ET ADDRESS -ST-ZIP  ET ADDRESS	ed when reinstating)  ADDITIONS/CHANGES TO	OATE	D DIRECT Change	ORS IN 12 Addition Addition Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Signature, typed or printed name of registered agen OFFICERS AN: PD MAYER, CHARLES 20130 NE 21ST CT. NORTH MIAMI BCH FL VD DICAPUA, RICCARDO 3621 N. 53RD AVENUE HOLLYWOOD FL	D DELETE  DELETE  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREI 1.4 CITY 2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY 5.1 TITLE 5.2 NAME 5.3 STREE 5.3 STREE 5.3 STREE 5.3 STREE 5.3 STREE	ET ADDRESS ST-ZIP  ET ADDRESS -ST-ZIP  ET ADDRESS -ST-ZIP  EET ADDRESS -ST-ZIP  EET ADDRESS -ST-ZIP  EET ADDRESS -ST-ZIP  EET ADDRESS -ST-ZIP	ed when reinstating)  ADDITIONS/CHANGES TO	OATE	D DIRECT Change	ORS IN 12 Addition Addition Addition Addition
SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agen OFFICERS AN: PD MAYER, CHARLES 20130 NE 21ST CT. NORTH MIAMI BCH FL VD DICAPUA, RICCARDO 3621 N. 53RD AVENUE HOLLYWOOD FL	D DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREI 1.4 CITY 2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY 5.1 TITLE 5.2 NAME 5.3 STRE 5.4 CITY	ET ADDRESS ST-ZIP  ET ADDRESS -ST-ZIP  ET ADDRESS -ST-ZIP	ed when reinstating)  ADDITIONS/CHANGES TO	OATE	D DIRECT Change Change	ORS IN 12 Addition Addition Addition Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	OFFICERS AN  PD MAYER, CHARLES 20130 NE 21ST CT. NORTH MIAMI BCH FL  VD DICAPUA, RICCARDO 3621 N. 53RD AVENUE HOLLYWOOD FL	D DELETE  DELETE  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREI 1.4 CITY 2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY 5.1 TITLE 5.2 NAME 5.3 STRE 5.4 CITY 6.1 TITLE 6.2 NAME 6.2 NAME 6.3 NAME 6.3 NAME 6.3 NAME 6.3 NAME 6.4 NAME 6.4 NAME 6.5 NAME 6.	ET ADDRESS ST-ZIP  ET ADDRESS -ST-ZIP  ET ADDRESS -ST-ZIP	ed when reinstating)  ADDITIONS/CHANGES TO	OATE	D DIRECT Change Change	ORS IN 12 Addition 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.