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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Morthami Secretary of State

DIVISION OF CORPORATIONS

1996

H82754

(3)

ROSSI GOLD, INC.

DOCUMENT #

Principal Place of Business MAN 2019 U.S Hwy19 PORT RICHEY FL 34668



				10/28/1985	3a. Date of Las 05/01/	
2. Principal Place of Business 1 10919 U.S. Hwy 19		- 44	4. Hwy 19	4. FET Number 59-2624569		Applied For Not Applicable
Suite, Apt. #	etc.	Suite, Apt #, etc.		5. Certificate of Status Desired		.75 Additional ee Required
Oity & State PORT	RICHEY, FLORIDA	A 28 City & State	EY, FLORIDA	Election Carripaign Financing Trust Fund Contribution		.00 May Be dded to Fees
346	1501	29 34668	Country 30 PASCO	8. This corporation has liability for in Florida Statutes Yes	[]No	
	9. Name and Address of Curre	nt Registered Agent	81 Name	10. Name and Address of New R	egistered Agent	
MALIDO	OTA OIF		OT Name			
MAURO, STASIE 8653 SABAL WAY PORT RICHEY FL 34668			82 Street Address (P.O. Box Number is Not Acceptable)			
			83			
			84 City		FL 85	Zip Code
or registere familiar with rGNATURE	d agent, or both, in the State of Flor , and accept the obligations of, Sec tyridize, typed or printed name of registered age	ida: Such change was authorize tion 607.0505, Florida Statutes.	d by the corporation's board	ation submits this statement for the pur J of directors. Thereby accept the appo	pose of changing pintment as registe	ered agent. I am
<u></u>		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFF		CTORS IN 12
LF	ST	DELETE	1, 1 TITLE		☐ Char	
ME	MAURO, ROBERT		1.2 NAMs		-	
1102						
	8653 SABAL WAY		1.3 STREET ADDRESS			
HEFT ADDRESS	8653 SABAL WAY PORT RICHEY FL		1.3 STREET ADDRESS			
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county was the information indicated on this anistal report or supplemental arritidal report is true and accurate and that my signature shall have the same legal effect as if made undo eath; that I am an officer or director of the corporation or the receiver or trusted 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 1.24.96 813.868.0169