

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
 Sep 08 1997 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J59574 (0)

1. Corporation Name
ROSEN ENTERPRISES, INC.



Principal Place of Business 777 EAST 25TH STREET SUITE #314 HIALEAH FL 33013	Mailing Address 777 EAST 25TH STREET SUITE #314 HIALEAH FL 33013
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/02/1987		3a. Date of Last Report 05/01/1986	
2. Principal Place of Business 21 15600 N.W. 67 AVE.		4. FEI Number 59-2780219	
2a. Mailing Address 26 15600 N.W. 67 AVE.		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc. 22 # 301		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State 23 MIAMI LAKES, FL.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip Country 24 33134 25 U.S.A.		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip Country 27 33134 28 U.S.A.			

9. Name and Address of Current Registered Agent

**CANTON M.D., ENRIQUE J.
 777 EAST 25TH STREET SUITE #314
 HIALEAH FL 33013**

10. Name and Address of New Registered Agent

81 Name CANTON M.D. ENRIQUE J.
82 Street Address (P.O. Box Number is Not Acceptable) 15600 N.W. 67 AVE.
83 SUITE 301
84 City MIAMI LAKES FL 85 Zip Code 33014

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE PD	NAME CANTON, ENRIQUE	<input type="checkbox"/> DELETE
STREET ADDRESS 777 EAST 25TH ST #314	CITY-ST-ZIP HIALEAH FL	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME CANTON, ENRIQUE	
1.3 STREET ADDRESS 15600 N.W. 67 AVE # 301	
1.4 CITY-ST-ZIP MIAMI LAKES, FL. 33134	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE _____ SIGNATURE REQUIRED **8/29/97 (205) 223-7268**

CR2E034 (4/97)