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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

חטכניי	1996		1000 m	DIVISION OF CORPORATIONS						
1. Corporation	MENT #	K4183	37	(1)						
	ROSE, INC.									
Principal Place	e of Business		Mailinç	g Address			r company des groups reconstrated the		OIL BIBIT BIB	II OLDIA BIDIL IDEL
% PEDRO O 1601 FARMII W PALM BO	NGTON AVE		1601	PEDRO OTANO I FARMINGTON AV PALM BCH FL 3341			Date Incorporated or Qualified	3a Dat	e of Last F	20nort
							10/28/1988		3/20/19	
_ <b>2.</b> Principal Pla <b>21</b> ]	ace of Business		· · - ¬	iling Address			4. FEI Number			Applied For
Suite, Apt.	#. etc.		26   Sui	ite, Apt. #, etc.			65-0087387			Not Applicable
22	,, 6.6.		27	пе, мрт. #, етс.			5. Certificate of Status Desired			5 Additional
City & State	9		<del></del>	y & State	—- <b></b>		6. Election Campaign Financing			Required
23	·		28				Trust Fund Contribution			<b>0</b> May Be of to Fees
Zip <b>24</b> ]	<del></del>	Country	<i>Z</i> (p)		Country		8. This corporation has liability for	intangible ta		
<u></u>	9 Name and	Address of Curren	29 nt Registere	d Agent	30			□ No		
		TO THE TOTAL CONTROL	ii riegisteret	a Agein	81	Name	10. Name and Address of New F	Registered	Agent	***
OTANO,	PEDRO									
	/. AVENUE C				82	Street Addr	ress (P.O. Box Number is Not Acceptal	я́e)		
BELLE (	GLADE FL 3343	0			83					·
					1 1					
					84	City			1 "   _	
L		<b>a</b>			84	City		FL	, ,	p Cade
L	o the provisions of ed agent, or both,	Sections 907.0592	and 77.150	08, Florida Statute nae was authorize		,	ration submits this statement for the pur	FL rpose of cha	, ,	
11. Pursuant to or registere familiar witi	o the provisions of ed agent, or both, h, and accept the	Sections 107.0502 in the State of Florid opligations of, Secti	and 67.150 da Juch chai ig 607.0505	08, Florida Statute nge was authorize Florida Statutes.		,	ration submits this statement for the pur rd of directors. Thereby accept the appr	FL ruose of cha ointment as	, ,	
L	1112	ari One	in		es, the above need by the corpo	lamed corpor oration's boar	ration submits this statement for the pur rd of directors. I hereby accept the appi	FL rpose of cha ointment as	, ,	
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SIGNATURE

NAME OF SIGNING OFFICER OR DIRECTOR

03/08/96/47/964-1030