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

PROFIT

SIGNATURE:

Jan 26 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (1)K41837 THE ROSE, INC. Mailing Address Principal Place of Business % PEDRO OTANO % PEDRO OTANO 1601 FARMINGTON AVE 1601 FARMINGTON AVE DO NOT WRITE IN THIS SPACE W PALM BCH FL 33414 W PALM BCH FL 33414 3. Date Incorporated or Qualified 10/28/1988 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0087387 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 28 Trust Fund Contribution Added to Fees 23 Zip Country Zip 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes Yes 24 30 25 29 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent OTANO, PEDRO *83 N.W. AVENUE C 82 Box Number Is Not Acceptable) SELLE-SLADE FL, 33430 83 84 .1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered section 607.0505, Florida Statutes. SIGNATURE (NOTE, Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE 1.1 TITLE TITLE 1601 Farmington a. Wast Palm Reh F OTANO, PEDRO NAME 1.2 NAME .133 N.W. AVENUE C 1.3 STREET ADDRESS STREET ADDRESS BELLE GLADE FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 3.1 DILE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-\$T-ZIP ___ Addition DELETE Change 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 5.t TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST-ZIP Change ___ Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADORESS STREET ADDRESS 6.4 CITY-ST-ZIP 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 of 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 ampowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

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FLORIDA DEPARTMENT OF STATE

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