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ANNUAL REPORT
1995

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 28 PM 4:12

DOCUMENT # L01712 (3)

1. Corporation Name

PAUL ROSEN CONSTRUCTION, INC.

Principal Place of Business
1 NE FIRST STREET
SUITE 700
MIAMI FL 33132

Mailing Address
1 NE FIRST STREET
SUITE 700
MIAMI FL 33132

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/10/1989
3a. Date of Last Report: 01/20/1994

2. Principal Place of Business 21 ___ Suite, Apt. #, etc. 22 ___ City & State 23 ___ Zip 24 ___ Country 25 ___

2a. Mailing Address 26 ___ Suite, Apt. #, etc. 27 ___ City & State 28 ___ Zip 29 ___ Country 30 ___

4. FEI Number: 65-0152894 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ROSEN, PAUL
1 NE 1 ST
SUITE 700
MIAMI FL 33132

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 [signature] (NOTE: Registered Agent signature required when reinstating) DATE 2/1/95

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	ROSEN, PAUL
STREET ADDRESS	1 NE 1 ST, STE 700
CITY-ST-ZIP	MIAMI FL
TITLE	D
NAME	ROSEN, JUDITH
STREET ADDRESS	1 NE 1 ST, STE 700
CITY-ST-ZIP	MIAMI FL
TITLE	~~D~~
NAME	~~RITTER, REBECCA B.~~
STREET ADDRESS	~~1 NE 1 ST, STE 700~~
CITY-ST-ZIP	~~MIAMI FL~~
TITLE	
NAME	BETTY BLUE
STREET ADDRESS	1 N.E. 1 ST
CITY-ST-ZIP	MIAMI, FLA
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

		Change	Addition
1 1 TITLE / 1 2 NAME / 1 3 STREET ADDRESS / 1 4 CITY-ST-ZIP		☐	☐
2 1 TITLE / 2 2 NAME / 2 3 STREET ADDRESS / 2 4 CITY-ST-ZIP		☐	☐
3 1 TITLE / 3 2 NAME / 3 3 STREET ADDRESS / 3 4 CITY-ST-ZIP		☒	☐
4 1 TITLE / 4 2 NAME / 4 3 STREET ADDRESS / 4 4 CITY-ST-ZIP		☐	☒
5 1 TITLE / 5 2 NAME / 5 3 STREET ADDRESS / 5 4 CITY-ST-ZIP		☐	☐
6 1 TITLE / 6 2 NAME / 6 3 STREET ADDRESS / 6 4 CITY-ST-ZIP		☐	☐

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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] PAUL ROSEN 2/1/95 305 379-1749

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0133203 CP