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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # L03368

(2)

ROCKSMITH CAPITAL HOLDINGS, INC.

FILED May 02 1997 8:00am Secretary of State



Principal Place of Business Mailing Address					f inestate an early live hills with in	:
N STEVEN I. P 201 S BISCAYN MIAMI FL 3313	WE BLVD. SUITE 1970	% STEVEN I. PERETZ 201 S BISGAYNE BLVD. SUITE 1970 MIAMI FL 33131-4302				
	-				 Date Incorporated or Qualified 07/14/1989 	3a. Date of Last Report 05/01/1996
	ace of Business	2a. Mailing Address			4. FEI Number	Applied For
21]	4 3	26		65-0137293	Not Applicable	
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State 23		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country		— –	8. This corporation has liability for intangible tax under s. 199.032,		
24	25 29 30 30 9. Name and Address of Current Registered Agent			Florida Statutes Yes No		
DED		Hegistered Agent	81	Name	10. Name and Address of New H	egistered Agent
PERETZ, STEVEN I. SUITE 1970, MIAMI CENTER						
	S BISCAYNE BLVD			Street	Address (P.O. Box Number is Not Accepta	ible)
	WI FL 33131		83			
				0.		
			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 argent, 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 Typic or protect name of registered agent and title if adjutable. INOTE: Registered Agent signature required when reinstating) DATE DATE						
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFF	
TITLE	VID EDELSTEIN, RICHARD	DELETE "	1.1 101.0			Change Addition
NAME STREET ADDRESS	321 SPRUCE STREET SUITE 52	95	1.2 NAME	T ADDIDEDO		i I
CITY-ST-ZIP	SCRANTON PA			T ADDRESS		
TITLE	\$D DELET		1,4 CITY-ST-ZIE 2.1 TITLE		PSD	Change Addition
NAME	ECKER, KAREN	_	22 NAME		FOD	
STREET ADDRESS	9917 CONESTOGA WAY		23 51456	1 ADORESS		1
CITY-ST-ZIP	POTOMAC MD		2,4 CITY	ST-ZIP		
TITLE		☐ DELETE	3.1 THLE			Change Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREE	1 ADDRESS		
CITY-ST-ZIP			3,4. C(1)	S1-ZIP	<u> </u>	
TITLE		☐ DELETE	4.1 TITLE			L Change L Addition
NAME Street address			4, 2 NAMS	1 ADDRESS		
CITY-ST-ZIP			4,4 CITY-			
TITLE		DELETE	5.1 TITLE	51-211		Change Addition
NAME			5.2 NAME			-
STREET ADDRESS				1 ADDRESS		
CITY-ST-ZIP			5.4 C(1Y-		·	
TITLE			61 TITLE			☐ Change ☐ Addition
NAME			6,2 NAME			
STREET ADDRESS			6.3 STREE	T ADDRESS		
CITY-ST-ZIP			6.4 CITY -	ST-7IP	<u></u>	

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 corpo appears in Block 12 or Block 13 if My