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Feb 17 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L12523

(1)

1. Corporation Name
ROSARIO & ASSOCIATES, INC.



Principal Place of Business
4410 W 16TH AVE #2
8336 N.W. 7TH STREET, SUITE 171
HIALEAH FL 33012

Mailing Address
4410 W 16TH AVE #2
8336 N.W. 7TH STREET, SUITE 171
HIALEAH FL 33012-7101

3. Date Incorporated or Qualified 08/25/1989
3a. Date of Last Report 04/15/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number 65-0168592
Applied For Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

City & State

City & State

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

Zip

Country

Zip

Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROSARIO, HERMINIA
4410 W 16TH AVE #2
HIALEAH FL 33012

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 607.0532 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, typed or printed name of registered agent, and title if applicable)

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME DVS ROSARIO, HERMINIA
STREET ADDRESS 8336 N.W. 7TH ST., #171
CITY-ST-ZIP MIAMI FL

1.1 TITLE
1.2 NAME DVS ROSARIO, HERMINIA
1.3 STREET ADDRESS 4410 W 16TH AVE # 2
1.4 CITY-ST-ZIP HIALEAH, FL. 33012

TITLE
NAME DP ROSARIO, JOSE A.
STREET ADDRESS 8336 N.W. 7TH ST., #171
CITY-ST-ZIP MIAMI FL

2.1 TITLE
2.2 NAME DP ROSARIO, JOSE A.
2.3 STREET ADDRESS 4410 W 16TH AVE # 2
2.4 CITY-ST-ZIP HIALEAH, FL. 33012

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-96 (305) 828-8622
Date Daytime Phone #

CR2E034 (9/96)