

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # L74527 (7)**

1. Corporation Name

**ROS INVESTMENT, INC.**



Principal Place of Business

**13140 SW 2ND STREET  
MIAMI FL 33184**

Mailing Address

**13140 SW 2ND STREET  
MIAMI FL 33184**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**NOVO, NESTOR  
13140 SW 2ND STREET  
MIAMI FL 33184**

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 registering)

3/20/96

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	NOVO, NESTOR	
STREET ADDRESS	13140 SW 2ND ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	LOLA, JESSICA	
STREET ADDRESS	13140 SW 2ND ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	NOVO, ROSA	
STREET ADDRESS	13140 SW 2ND ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

1. TITLE	
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
2. TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
3. TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
4. TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
5. TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
6. TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**ROSEMARY NOVO  
13140 SW 2ND ST  
MIAMI, FL 33184**

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/96

DATE

305-223-5547

Daytime Phone #

CR2E034 (12/95)