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

PROFIT CORPORATION ANNUAL REPORT 1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 11 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L82847

(9)

ROSENTHAL HOLDINGS, INC.

Principal Place	of Business	Mailing Address				inikan maman mamat mama mangar a	HE   100
C/O IRWIN M. FROST 1101 BRICKELL AVE SUITE 1400 MIAMI FL 33131		C/O IRWIN M. FROST 1101 BRICKELL AVE SUITE MIAM! FL 33131-3117	1101 BRICKELL AVE SUITE 1400				
					<ol><li>Date incorporated or Qualified 06/19/1990</li></ol>	9/1990 02/08/1996	
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number		plied For
21		26			65-0262094	<del></del>	t Applicable
Suite, Apt. #		Suite, Apt. #, etc.			5. Certificate of Status Desired	S8.75 A	quired
City & State		City & State	h		6. Election Campaign Financing	\$5.00	
<b>23</b> ] Zip	Country	28   Zip	Coun	trv	Trust Fund Contribution		
24			30	,	8. This corporation has liability for intangible tax under s. 199 032, Florida Statutes		
	9. Name and Address of Curre		1	**********************	10. Name and Address of New Re	·	
FRO	ST, IRWIN M.		1	11 Name	,		
	BRICKELL AVENUE		-	32 Street Add	ress (P.O. Box Number is Not Acceptab	le)	
SUIT	E 1400						
MIAN	AI FL 33131			33			
		•	1	34 City		FL 85 Zip (	Code
office or re agent. I ar	o the provisions of Sections 607.05 egistered agent, or both lin the Stat m familiar with, and accept the oblig	e of Florida. Such change was a	uthorized	by the corporal	poration submits this statement for the p tion's board of directors. I hereby accep	urpose of changing its t the appointment as	s registered registered
SIGNATURE	Signature: typa dior printed name of registerop as	gert and title if applicable. (NOTE	E Registered	Agent s gnature requi	red when reinstating)	DATE	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		
TITLE	D DATE THE DATE	☐ DELETE	1.1 HTL	E		Change	Addition
NAME	,,,		1.2 NAN				
STREET ADDRESS	2604 N.W. 12TH ST.	1	1.3 STA	EET ADDRESS			
CITY - ST- ZIP	DELRAY BEACH FL	DELETE		-ST-ZIP		Change	Addition
THILE		L.J DELETE	2.1 1111			L] Change	L AUGIIION
NAME OTREAT ANOTHER			2.2 NAN	EET ADDRESS	•		
STREET ADDRESS				Y-ST-ZIP			
CHY-S1-ZIP TITLE		DELETE	3.1 1111			Change	Addition
NAME			3.2 NAM	AE .		_ •	_
STREET ACORESS			3.3 STREET ADDRESS				İ
CITY-ST-ZIP				Y-SI-ZIP			
TIFLE		☐ DELETE	4.1 TITU	E	'	Change	Addition
NAME			4. 2 NA	ME			
STREET ADDRESS			4.3 STR	EET ADDRESS			
CITY-ST- ZIP			4.4 CIT	/-ST-ZIP		~~~	
TITLE		☐ DELETE	5.1 TITU	E		L Change	Addition
NAME			5.2 NAM				
STREET ADDRESS				EET ADDRESS			
City-St-ZiP		☐ DELETE		r-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	Change	Addition
TITLE			6.1 TITU			L Change	MOGROUI
NAME OTDECT ADDRESS			6.2 NAM	1			
STREET ADDRESS CITY-ST-ZIP				EET ADDRESS   Y-ST-ZIP			
14. I do hereb	by certify that the information supplied	ed with this filing does not qualif	y for the e	xemption state	d in Section 119.07(3)(i), Florida Statute	s. I further certify that	the
information Lam an of	n indicated on this annual report or	supplemental annual report is to or the receiver or trustee empow	rue and ac rered to ex	ccurate and tha	t my signature shall have the same lega rt as required by Chapter 607, Florida S	l effect as if made und	der oath; that ame