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

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

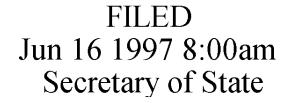
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L88252

(6)

ROSES FINANCE, INC.





Principal Place of Business		Mailing Address				f reblinis and these folial distances and distributed as a second or a second and the second or a seco			
13890 BISCAYNE BOULEVARD		13890 BISCAYNE BOULEVARD							
North Miami Beach F	L 33181-1626	NORTH MIAMI BEACH	FL 33181-16	26					
						3. Date Incorporated or Qualified 07/20/1990		of Last R	eport
2. Principal Place of B	usiness	2a. Mailing Address				4. FEI Number	1	Ap	plied For
21		26				65-0212295		No	t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75	Additional
22		27				a. Certificate of Status Desireo		Fee Re	quired
City & State		City & State				6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution		Added t	o Fees
Zip	Country	Zip	·			8. This corporation has liability for intangible tax under s. 199.032,  Florida Statutes			
24	25	29	30	,		Tiorida platated			
9. Name and Address of Current Registered Agent					Nome	10. Name and Address of New Re	jistered Aç	jent	
	om, lesue g.			81	Name				
	AYNE BLVD.		82 Street Ad			ress (P.O. Box Number is Not Acceptab	e)		
n. Miami bi	EACH FL 33181								
		•		83					
				84	City			<b>85</b> Zip (	Code
					<u>, , , , , , , , , , , , , , , , , , , </u>		FL		
11. Pursuant to the pro	ovisions of Soctions 607 0502	and 607.1508, Florida Sta	itutes, the a	bave d bu	e-named corp	poration submits this statement for the p	urpose of c	hanging it	s 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 appreciable (NOTE: Registered Agent signature required when reinstating)  DATE									
12. OFFICERS AND DIRECTORS						ADDITIONS/CHANGES TO OFFIC	ERS AND D	DIRECTOR	S IN 12
TITLE P		DELETE						Change	Addition
NAME ROSE	nbloom, lesije		1.2 NAME						
	BISCAYNE BLVD.		1.3 STREET ADD						
	AMI BEACH FL			ITY-S					
TITLE		DELETE						Change	Addition
NAME \$	WE &		2 2 NAME						
STREET ADDRESS			2.3 STREET ADDRESS		ADDRESS				
CITY-ST-2IP					SI - ZIP				
TITLE	11-20		DELETE 317					Change	Addition
NAME		—	3.2 N					-	
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			3.4. CITY - ST - ZIP						
TITLE		DELETE	4.1 Ti					Change	☐ Addition
NAME		_	4.21					-	
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			1	HY-S					
TITLE	DELETE 51						Change	☐ Addition	
NAME			5.2 N	AME					
STREET ADDRESS			1		ADDRESS				
CITY-ST-ZIP			5.4 C						
TITLE		DELETE	617				ΕΕ	Change	☐ Addition
NAME			6.2 N				_	•	
STREET ADDRESS			4		ADDRESS				
			1		T-ZIP				1
CITY-ST-ZIP			0.4 0	3	2 4-71				

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 good or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 12 in Granged, or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

CICHATURE

9/01 20<944774