

**CORPORATION
ANNUAL REPORT
1995**

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

FILED

95 MAY -1 PM 1:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M22768 (9)

1. Corporation Name
ROSECLIFF, INC.

Principal Place of Business
**215 S.W. LEJEUNE RD
MIAMI FL 33134**

Mailing Address
**215 S.W. LEJEUNE RD
MIAMI FL 33134**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
10/31/1985

3a. Date of Last Report
04/04/1994

4. FEI Number
59-2594713

Applied For
Not Applicable

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

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

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

**DANIELS, NICHOLAS M ESQ.
4111 LINCOLN ROAD
SUITE 500
MIAMI BEACH FL 33139**

10. Name and Address of New Registered Agent

81 Name **Norman Rosen**

82 Street Address (P.O. Box Number is Not Acceptable)
215 SW 42 Ave.

83

84 City **Miami** FL 85 Zip Code **33134**

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 Norman S. Rosen DATE 4/17/95

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renewing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DST	1.1 TITLE	☐ Change ☐ Addition
NAME	ROSEN, NORMAN	1.2 NAME	
STREET ADDRESS	215 S.W. LEJEUNE RD.	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	1.4 CITY - ST - ZIP	
TITLE	DP	2.1 TITLE	☐ Change ☐ Addition
NAME	ROSEN, CLIFFORD	2.2 NAME	
STREET ADDRESS	215 S.W. LEJEUNE RD.	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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)(d), 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 its 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 no block with an addressee.

SIGNATURE: CLIFFORD D. ROSEN DATE 4/17/95 (305) 446-5663

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR