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May 09 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # M22768 (9)
1. Corporation Name
ROSECLIFF, INC.



Principal Place of Business

Mailing Address

~~1111 LINCOLN RD.~~
~~SUITE 300~~
~~MIAMI BEACH FL 33139~~

~~1111 LINCOLN RD.~~
~~SUITE 300~~
~~MIAMI BEACH FL 33139-2401~~

2. Principal Place of Business

21 215 SW 42 Ave.

22 Suite, Apt. #, etc.

23 City & State

23 Miami FL 33134

24 Zip

24 33134

25 Country

25 USA

2a. Mailing Address

26 215 SW 42 Ave.

27 Suite, Apt. #, etc.

28 City & State

28 Miami FL

29 Zip

29 33134

30 Country

30 USA

3. Date Incorporated or Qualified
10/31/1985

3a. Date of Last Report
04/23/1996

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 s. 199.032,
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

DANIELS, NICHOLAS M. ESQ.
1111 LINCOLN RD.
SUITE 600
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

81 Name

Mary Ann David

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

Mary Ann David

Mary Ann David

4/24/97

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME DST
STREET ADDRESS ROSEN, NORMAN S
CITY-ST-ZIP 215 S.W. LEJEUNE RD.
MIAMI FL

TITLE ☐ DELETE

NAME DP
STREET ADDRESS ROSEN, CLIFFORD D
CITY-ST-ZIP 215 S.W. LEJEUNE RD.
MIAMI FL

TITLE ☐ DELETE

NAME D
STREET ADDRESS ROSEN, NAALIE H
CITY-ST-ZIP 215 S.W. LEJEUNE RD.
MIAMI FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 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:

M Norman Rosen 4/24/97 3054465263

CR2E034 (9/96)