

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

55 MAY - 1 PM 11:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M54015 (6)
ROSEMILL CORP.

DO NOT WRITE IN THIS SPACE

Principal Place of Business:
1840 W. 49 ST.
SUITE 306
HIALEAH FL 33012

Mailing Address:
1840 W. 49 ST.
SUITE 306
HIALEAH FL 33012

3. Date Incorporated or Qualified: 06/17/1987
3a. Date of Last Report: 07/26/1994
4. FEI Number: 59-2835336
5. Certificate of Status Desired: ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing: ☐ \$5.00 May Be Added to Fees
8. The corporation has liability for intangibles for under \$ 100,000: ☒ Yes ☐ No
Florida Statutes

2. Principal Place of Business:
21. Suite Apt # etc
22. City & State
23. At **25.** Country
26. Mailing Address:
27. Suite Apt # etc
28. City & State
29. At **30.** Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROSELL, JAMES
1840 W. 49 ST.
SUITE 306
HIALEAH FL 33012**

B1. Name:
B2. Street Address (P.O. Box Number is Not Acceptable):
B3.
B4. City: **FL** **B5. Zip Code:**

11. The agent for the purposes of Sections 220.01 and 220.02, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent to be 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 a registered agent, Florida Statutes.

SIGNATURE

Signature of the person who is the registered agent for the corporation.

Signature of the person who is the registered agent for the corporation.

Signature

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	D ROSELL, JAMES 5681 N.W. 195 TERR. MIAMI FL	1. NAME	☐ Change ☐ Addition
STREET ADDRESS		2. NAME	
CITY & STATE		3. NAME	
NAME		4. NAME	
STREET ADDRESS		5. NAME	
CITY & STATE		6. NAME	
NAME		7. NAME	
STREET ADDRESS		8. NAME	
CITY & STATE		9. NAME	
NAME		10. NAME	
STREET ADDRESS		11. NAME	
CITY & STATE		12. NAME	
NAME		13. NAME	
STREET ADDRESS		14. NAME	
CITY & STATE		15. NAME	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and claims no liability for the exemption stated in Sections 220.01 and 220.02, Florida Statutes. I further certify that the information disclosed 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 owner or trustee empowered to execute the report as required by Chapter 220, Florida Statutes, and that my name appears in Block 12 of this filing if changed or an officer listed with an addition.

SIGNATURE: *James Rosell* — **JAMES ROSELL**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-95 (305)-558-9449