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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Saridra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUI	MENT # P920	00003862 (	9)		
ROSS FINANCIAL, INC.					
Principal Place	Principal Place of Business Mailing Address			I INDIVIDUI INDIVIDUI INDIVIDUILI BERN	IL BONN BONN BOND OND IND IND BUND IS A LEFT
16923 SW 79TH PLACE MIAMI FL 33157 US		16923 SW 79 PLACE MIAMI FL 33157			
		4		3. Date Incorporated or Qualified 11/06/1992	3a. Date of Last Report 06/28/1995
2. Principal Pl. 21	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
Suito, Apt.	#, etc.	Suite, Apt. #, etc.		65-0380257	Not Applicable
22		27		5. Certificate of Status Desired	See Required
Orty & Stale	9	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Z(p	Country	Zip	Country	8. This corporation has liability for	
24	25	29	30	Florida Statutes X Yes	□ No
	9. Name and Address of Curr	ent Registered Agent	81 Name	10. Name and Address of New F	tegistered Agent
DOCC I	DOLLOLAG I				
ROSS, DOUGLAS J 16923 SW 79TH PLACE				ress (P.O. Box Number is Not Acceptat	ole)
MIAMI F	EL 33157		83		
			84 City	-	FL 85 Zip Code
11. Pursuant t	to the provisions of Sections 607.05	02 and 607.1508, Florida Statu	ites, the above named corpo	ration submits this statement for the pur rd of directors. I hereby accept the app	
familiar wit	th, and accept the obligations of, Se	ection 607.0506, Florida Statute	zed by the corporation's boats.	rd of directors, I hereby accept the app	ointment as registered agent. I am
SIGNATURE	garan ing panganan ang panganan Banganan ang panganan ang pangan				
12.	Styrish en typed or printed name of registeren age OF HCERS A	ND DIRECTORS	ICH Registered Agent signature require 13.	d wheri reinstating) ADDITIONS/CHANGES TO OFF	DATE
TIFLE	D	DELETE	1. 1 TITLE	ADDITIONS/CHANGES TO OFF	CERS AND DIRECTORS IN 12  Change Addition
NAME	ROSS, DOUGLAS		1.2 NAME		
STREET ADDRESS	22131 SW 97TH CT.		1 3 STREET ADDRESS		
CITY ST ZIE	MIAMI FL 33190		1.4 City - ST - ZiF		
THLE	D	DELETE	2 1 TITLE		Change Addition
NAMI	ROSS, HAYLEY		2 2 NAME		
STREET ADDRESS	22131 SW 97TH CT.		2 3 STREFT ADDRESS		
Offy Strzip fine	MIAMI FL 33190	ED BOLES	2.4 CITY - \$1 - 7IP		
NAME		☐ DELETE	3 1 TITLE		Change Addition
STREET ADDRESS			3.2 NAME		
CHY SI-ZiP			3 3 STREET ADDRESS		
THE	<del> </del>	DELETE	3.4 C/TY - ST - Z/P 4. 1 T/TLE		☐ Change ☐ Addition
NAME			4.2 NAME		Change Radnon
STREET ADDRESS			4.3 STHEET ADDRESS		·
CITY ST ZIP			4 4 CITY - ST - ZIF		
TOLE		DELETE	5 1 TITLE		☐ Change ☐ Addition
NAME			5 2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY ST ZIP		Fi Double	54 CHY-ST-ZIP		
DI'LE NAME		☐ DELFTE	6 1 TITLE		☐ Change ☐ Addition
NAME CIDELL ADDOCCO			6.2 NAME		
STREET ADDRESS CHY ST-Zip			6.3 STREET ADDRESS		
	certify that the information supplied	with this filing is voluntarily fun	64 CITY-ST-ZIP  nished and does not qualify for	or the exemption stated in Section 119.	07/3)(k) Florida Statutes Uturther

certify that the information supplies with this iming is voluntarily turnished and does not quality for the exemption stated in Section 119.07(3)(k), Florida Statutes. Frumner 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 onth, 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 attactment with an address.

SIGNATURE:

INTED NAME OF SIGNING OFFICER OR DIRECTOR

03/-5/96 305 252-0652 Designer Prove #