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PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P92000004397 (5)

1. Corporation Name

ROSARIO/PHILLIP INC.



Principal Place of Business

Mailing Address

5116 ROLLING FAIRWAY DR
VALRICO FL 33594

5116 ROLLING FAIRWAY DR
VALRICO FL 33594

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 P.O. Box 2277

22 City & State

27 VALRICO, FL.

23 Zip

Country

28 Zip

Country

24

25

29 33594-2277

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LASLEY, ROSARIO
5116 ROLLING FAIRWAY DR.
VALRICO FL 33594

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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, of 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 applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D [] DELETE
NAME LASLEY, ROSARIO
STREET ADDRESS 5116 ROLLING FAIRWAY DR
CITY-ST-ZIP VALRICO FL

11 TITLE [] Change [] Addition

TITLE D [] DELETE
NAME LASLEY, DONALD P
STREET ADDRESS 5116 ROLLING FAIRWAY DR
CITY-ST-ZIP VALRICO FL

12 TITLE [] Change [] Addition

TITLE D [] DELETE
NAME DELEON, ANDRES
STREET ADDRESS 175 OLD OAK CIRCLE
CITY-ST-ZIP PALM HARBOR FL 34683

13 TITLE [] Change [] Addition

TITLE [] DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

14 TITLE [] Change [] Addition

TITLE [] DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

15 TITLE [] Change [] Addition

TITLE [] DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

16 TITLE [] Change [] Addition

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)(k), 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 in an attachment with an address.

SIGNATURE:

Rosario Lasley - ROSARIO LASLEY

1/19/96

813-684-3768

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)