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PROFIT CORPORATION ANNUAL REPORT

1999



ELORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9200004397

1. Corporation Name

ROSARIO/PHILLIP INC.

FILED Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90078 044 ***158.75



Mailing Address Principal Place of Business P.O. BOX 2277 5116 ROLLING FAIRWAY DR VALRICO FL 33594-2277 VALRICO FL 33594 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 11/13/1992 Applied For 4. FEI Number 2. Principal Place of Business 2a. Mailing Address 2277 Box P. O. Not Applicable 59-3152544 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 \$5.00-May-Be City & State 6.-Election Campaign Financing. Ť. Added to Fees 28 Trust Fund Contribution 23 Country Country Zio 8. This corporation owes the current year Intangible □No Personal Property Tax. 24 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent LASLEY, ROSARIO Street Address (P.O. Box Number is Not Acceptable) 82 5116 ROLLING FAIRWAY DR. VALRICO FL 33594 83 City 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, 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ☐ Addition Change OF! ETF 1.1 TITLE TITLE 1.2 NAME LASLEY, ROSARIO NAME 5116 ROLLING FAIRWAY DR 1.3 STREET ADDRESS STREET ADDRESS VALRICO FL CITY-ST-ZIP 1.4 CITY-ST-ZIP Addition ☐ DELETE ☐ Change 2.1 TITLE TITLE LASLEY, DONALD P 22 NAME NAME 5116 ROLLING FAIRWAY DR 2.3 STREET ADDRESS STREET ADDRESS VALRICO FL 2. 4 CITY-ST-ZIP City-St-ZIP Addition ☐ DELETE ☐ Change 3.1 TITLE TITLE DELEON, ANDRES 3.2 NAME NAME 175 OLD OAK CIRCLE 3 3 STREET ADDRESS STREET ADDRESS PALM HARBOR FL 34683 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Change | ☐ Addition DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

14. I 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 ith an address, with all other like empowered. Block 12 or Block

64 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

CR2E034 (11/98)