FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 11 PM 3:42

DOCUMENT # P93000040316 (0)

1. Corporation Name
ROSEBELLE, INC.

Principal Place of Business	Mailing Address
~~333 ARTHUR GODFREY RD.~~ ~~MIAMI BEACH FL 33140~~	~~333 ARTHUR GODFREY RD.~~ ~~MIAMI BEACH FL 33140~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: ~~06/07/1993~~ | 3a. Date of Last Report: ~~05/01/1994~~

2. Principal Place of Business	2a. Mailing Address
21 c/o Keystone Property Mgt.	26 Post Office Box 8020
Suite, Apt. #, etc. 22 701 14th St., Suite 2	Suite, Apt. #, etc. 27 Bedzow, Korn & Kan, P.A.
City & State 23 Miami Beach, FL	City & State 28 Hallandale, Fl
Zip / Country 24 33139 / 25 US	Zip / Country 29 33008-8020 / 30 US

4. FEI Number: ~~65-0426445~~ ☐ 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

KORN, GARY A
20803 BISCAYNE BLVD.
SUITE 200
AVENTURA FL 33180

10. Name and Address of New Registered Agent

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, 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD	11 TITLE	☑ Change ☐ Addition
NAME	APPLEBAUM, DONALD N	12 NAME	420 15 Street
STREET ADDRESS	~~333 ARTHUR GODFREY RD.~~	13 STREET ADDRESS	~~701 14th~~ Street, Suite ~~2~~ 3
CITY-ST-ZIP	~~MIAMI BEACH FL 33140~~	14 CITY-ST-ZIP	Miami Beach, FL 33139
TITLE	VP	21 TITLE	☐ Change ☑ Addition
NAME	BENNETT, JOAN	22 NAME	
STREET ADDRESS	~~701 14 ST #2~~ 420 15 St #3.	23 STREET ADDRESS	
CITY-ST-ZIP	~~MIAMI BCH FL~~	24 CITY-ST-ZIP	33139
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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)(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: Joan Bennett — Joan Bennett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/95 — Date
532-7878 — Daytime Phone #

0140033 CP