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

APPROVED AND FILED
95 MAY -1 AM 9:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000041442 (3)

1. Corporation Name
ATLANTIC ROSE INVESTMENT CORP.

Principal Place of Business	Mailing Address
1 EAST BROWARD BLVD. SUITE 611 FT. LAUDERDALE FL 33301 US	1 EAST BROWARD BLVD. SUITE 611 FT. LAUDERDALE FL 33301 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/10/1993
3a. Date of Last Report: 02/15/1994

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.: ~~422 Stonemont Dr~~	26 Suite, Apt. #, etc.: ~~422 Stonemont Dr~~
22	27
23 City & State: Fort Laud FL 33326	28 City & State: Fort Laud FL 33326
24 Zip: 33326 25 Country: USA	29 Zip: 33326 30 Country: USA

4. FEI Number: 65-0421224 ☐ 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

TORPOCO, RAUL V.
3300 NE 191ST ST., #311
AVENURA FL 33180

10. Name and Address of New Registered Agent

81 Name: TORPOCO, Raul V
82 Street Address (P.O. Box Number is Not Acceptable)
83: 697 Lake Boulevard
84 City: Fort Lauderdale FL 85 Zip Code: 33326

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	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	TORPOCO, RAUL V.	1.2 NAME	PD
STREET ADDRESS	3300 N.E. 191ST ST., SUITE 211	1.3 STREET ADDRESS	TORPOCO, RAUL V
CITY-ST-ZIP	N. MIAMI BCH. FL	1.4 CITY-ST-ZIP	697 Lake Blvd Fort Laud, FL 33326
TITLE	TSD	2.1 TITLE	☐ Change ☐ Addition
NAME	SALAZAR, GONZALO R.	2.2 NAME	TSD
STREET ADDRESS	3300 N.E. 192ND ST., SUITE 514	2.3 STREET ADDRESS	SALAZAR, GONZALO R
CITY-ST-ZIP	N. MIAMI BEACH FL	2.4 CITY-ST-ZIP	422 Stonemont Dr Fort Laud, FL 33326
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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: TSD Gonzalo R Salazar 1/10/95 (305) 389-5596
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL DATE DAYTIME TELEPHONE NUMBER

0200130 CP