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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P93000041442 (3)**

1. Corporation Name
ATLANTIC ROSE INVESTMENT CORP.

Principal Place of Business	Mailing Address
422 STONEMONT DRIVE FT. LAUDERDALE FL 33326 US	422 STONEMONT DRIVE FT. LAUDERDALE FL 33326-3500 US

3. Date Incorporated or Qualified: 06/10/1993
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21 16400 Collins Ave.
Suite, Apt #, etc.
22 Suite # 1744
City & State
23 Miami Beach, FL
Zip: 24 33160 Country: 25 USA

2a. Mailing Address
26 11091 SW 65 St
Suite, Apt. #, etc.
27
City & State
28 Miami, FL
Zip: 29 33173 Country: 30 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.
697 LAKE BOULEVARD
FT. LAUDERDALE FL 33326

10. Name and Address of New Registered Agent
81 Name: TORPOCO RAYMUNDO Z.
82 Street Address (P.O. Box Number is Not Acceptable): 16400 Collins Ave. # 1744
83
84 City: Miami Beach **FL** 85 Zip Code: 33160

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] 7/30/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TSDV SALAZAR, GONZALO R 422 STONEMONT DRIVE FT. LAUDERDALE FL ☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	TSDV TORPOCO DAYSI 16400 Collins Ave # 1744 Miami Beach, FL 33160 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	PD TORPOCO RAYMUNDO Z. 16400 Collins Ave # 1744 Miami Beach, FL 33160 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/96)

14. I do 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 Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 7/30/97