


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Aug 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000027961 (9)**

1. Corporation Name
ROSARY HOUSE & GIFTS, INC.



Principal Place of Business
**8392 SW 40 ST
MIAMI FL 33155
US**

Mailing Address
**8392 SW 40 ST
MIAMI FL 33155
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 7921 S.W. 40 St. Suite, Apt. #, etc. 22 49 City & State 23 Miami, FL Zip 24 33155 Country 25 U.S.A.	2a. Mailing Address 26 7921 S.W. 40 St. Suite, Apt. #, etc. 27 49 City & State 28 Miami, FL Zip 29 33155 Country 30 U.S.A.
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3. Date Incorporated or Qualified 04/11/1994	3a. Date of Last Report 05/01/1996
4. FEI Number 65-0483024	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**GARCIA, ROSALIN
14560 SW 51 ST.
MIAMI FL 33175**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	GARCIA, ROSALIN	
STREET ADDRESS	14560 S.W. 51 ST	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE	V	<input type="checkbox"/> DELETE
NAME	LOPEZ, ROSA	
STREET ADDRESS	9286 S.W. 36 ST	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE	S	<input type="checkbox"/> DELETE
NAME	GARCIA, OSCAR	
STREET ADDRESS	14560 S.W. 51 ST	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE	T	<input type="checkbox"/> DELETE
NAME	LOPEZ, SANTIAGO	
STREET ADDRESS	9286 S.W. 36 ST.	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	Calle 27, K-17, Turabo Gdns.
2.4 CITY-ST-ZIP	Caguas, PR 00725
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	Calle 27, K-17, Turabo Gdns.
4.4 CITY-ST-ZIP	Caguas, PR 00725
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

CP2E034 (4/97)