

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Laura R. Murphy
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 11:17

SECRETARY OF THE
TREASURY, FLORIDA

DOCUMENT # **P94000031250 (1)**

ROSEN-SALEM, INC.

Principal Officer (Required) **NICHOLAS M. DANIELS**
1411 LINCOLN RD., SUITE 500
MIAMI BEACH FL 33139

Mailing Address **NICHOLAS M. DANIELS**
1411 LINCOLN RD., SUITE 500
MIAMI BEACH FL 33139

(DO NOT WRITE IN THIS SPACE)

3. Date incorporated or (re)incorporated 04/22/1994	3a. Date of Last Report
4. FEI Number 05-0498835	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
7. This corporation has liability for delinquency for under \$ 100,000. Florida Statutes: <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business ROSEN ASSOCIATES	2a. Mailing Address ROSEN ASSOCIATES
22. State, Apt. #, etc. 215 S.W. LEJEUNE RD	27. State, Apt. #, etc. 215 S.W. LEJEUNE RD
23. City & State MIAMI FLORIDA	28. City & State MIAMI FLORIDA
24. ZIP Code 33134	25. DDAE DADE
29. ZIP Code 33134	30. DDAE DADE

9. Name and Address of Current Registered Agent
DANIELS, NICHOLAS M
1411 LINCOLN RD.
SUITE 500
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

B1. Name NORMAN S ROSEN
B2. Street Address, P.O. Box Number is Not Acceptable 215 S.W. LEJEUNE RD
B3. City MIAMI
B4. State FL
B5. Zip Code 33134

11. I, the undersigned, the president of the corporation named herein, hereby certify that the above named corporation submits this statement for the purpose of changing its registered office to the address listed on page 10 of this report as authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. This statement is true and correct to the best of my knowledge and belief.

SIGNATURE **Norman S. Rosen** 4/17/95

12. OFFICERS AND DIRECTORS

NAME	D ROSEN, NORMAN S
STREET ADDRESS	215 S.W. LEJEUNE RD.
CITY	MIAMI FL 33134
NAME	D ROSEN, CLIFFORD D
STREET ADDRESS	215 S.W. LEJEUNE RD.
CITY	MIAMI FL 33134

13. ADDITIONS, CHANGES TO OFFICERS, AND DIRECTORS IN:

NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY		<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this report is true and correct, and that the corporation named herein is duly organized and qualified for the incorporation stated in this report under the laws of the State of Florida. I further certify that the corporation named herein is the issuer of the report or reports required by law, and that the corporation shall have the same legal effect as if it were a corporation. This statement is true and correct to the best of my knowledge and belief.

SIGNATURE: **CLIFFORD D. ROSEN** 4/17/95 (305) 446-5663