

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P94000031250 (1)

1. Corporation Name

ROSEN SALEM, INC.



Principal Place of Business

ROSEN ASSOCIATES  
215 SW LEJEUNE RD.  
MIAMI FL 33134  
US

Mailing Address

ROSEN ASSOCIATES  
215 SW LEJEUNE RD.  
MIAMI FL 33134  
US

3. Date Incorporated or Qualified  
04/22/1994

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number  
65-0493835

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

22

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROSEN, NORMAN S.  
215 SW LEJEUNE ROAD  
SUITE 500  
MIAMI FL 33134

81

Name Michael K. Northrop

82

Street Address (P.O. Box Number is Not Acceptable)  
215 S.W. LeJeune Road

83

84

City Miami

FL

85

Zip Code 33134

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

Michael K. Northrop

Michael K. Northrop

4/16/96

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	ROSEN, NORMAN S	
STREET ADDRESS	215 S.W. LEJEUNE RD.	
CITY-ST-ZIP	MIAMI FL 33134	
TITLE	D	DELETE
NAME	ROSEN, CLIFFORD D	
STREET ADDRESS	215 S.W. LEJEUNE RD.	
CITY-ST-ZIP	MIAMI FL 33134	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	dp	Change	Addition
1.2 NAME	Rosen, Clifford D.		
1.3 STREET ADDRESS	215 S.W. LeJeune Road		
1.4 CITY-ST-ZIP	Miami, FL 33134		
2.1 TITLE	dst	Change	Addition
2.2 NAME	Rosen, Norman S.		
2.3 STREET ADDRESS	215 S.W. LeJeune Road		
2.4 CITY-ST-ZIP	Miami, FL 33134		
3.1 TITLE		Change	Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		Change	Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		Change	Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		Change	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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/96

(305) 446-5663

Date

Daytime Phone #

CR2E034 (12/95)