FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000036057 (5)**

1. Corporation Name

YELLOW ROSE INC.

Principal Place of Business	Mailing Address
1540 E COMMERCIAL BLVD. SUITE B FORT LAUDERDALE FL 33334	1540 E COMMERCIAL BLVD. SUITE B FORT LAUDERDALE FL 33334

3. Date Incorporated or Qualified: **05/12/1994**
3a. Date of Last Report: **04/11/1995**

2. Principal Place of Business (21) / Suite, Apt. #, etc. (22) / City & State (23) / Zip (24) / Country (25)

2a. Mailing Address (26) / Suite, Apt. #, etc. (27) / City & State (28) / Zip (29) / Country (30)

4. FEI Number: **65-0491149** ☐ 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

~~ALBERT, LOUISE~~
~~1540 E COMMERCIAL BLVD.~~
~~SUITE B~~
~~FORT LAUDERDALE FL 33334~~

10. Name and Address of New Registered Agent

81 Name: Recabro Int'l, Inc.
82 Street Address (P.O. Box Number is Not Acceptable)
83: 1540 E. Commercial Blvd.
84 City: Fort Lauderdale **FL** 85 Zip Code: 33334

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: H. Renz, Sec. TITLE: Registered Agent (signature required when reinstating) DATE: 1/24/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	RONCAGALLI, GIANNI	12 NAME	
STREET ADDRESS	1540 E COMMERCIAL BLVD. SUITE B	13 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33334	14 CITY-ST-ZIP	
TITLE	V ☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	RONCAGALLI, SILVIA	22 NAME	
STREET ADDRESS	1540 E COMMERCIAL BLVD. SUITE B	23 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33334	24 CITY-ST-ZIP	
TITLE	S ☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	RENZ, HEINZ	32 NAME	
STREET ADDRESS	1540 E COMMERCIAL BLVD. SUITE B	33 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33334	34 CITY-ST-ZIP	
TITLE	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E034 (12/95)

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: H. Renz, Sec. 1/24/96 (954) 938-9139

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #