

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P94000077464 (3)

1. Corporation Name

ROSEMARY'S EUROPE 8, INC.

FILED

1995 JUL 26 AM 10:18

TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

2124 NORTHEAST 123 STREET
SUITE 208
NORTH MIAMI FL 33181

2124 NORTHEAST 123 STREET
SUITE 208
NORTH MIAMI FL 33181

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

10/21/1994

4. FFI Number

65-0530099

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes.

☐

**\$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

10. Name and Address of New Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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 of Agent or the Registered Agent or the Officer or Director of the Corporation)

DATE

OFFICERS AND DIRECTORS

12.1	NAME	P GAUGHAN, ROSEMARY
12.2	STREET ADDRESS	2124 NORTHEAST 123 STREET, SUITE 208
12.3	CITY, ST, ZIP	NORTH MIAMI FL 33181
12.4	NAME	
12.5	STREET ADDRESS	
12.6	CITY, ST, ZIP	
12.7	NAME	
12.8	STREET ADDRESS	
12.9	CITY, ST, ZIP	
12.10	NAME	
12.11	STREET ADDRESS	
12.12	CITY, ST, ZIP	
12.13	NAME	
12.14	STREET ADDRESS	
12.15	CITY, ST, ZIP	

13. OFFICERS AND DIRECTORS

13.1	NAME		☐ Change ☐ Addition
13.2	STREET ADDRESS		
13.3	CITY, ST, ZIP		
13.4	NAME		☐ Change ☐ Addition
13.5	STREET ADDRESS		
13.6	CITY, ST, ZIP		
13.7	NAME		☐ Change ☐ Addition
13.8	STREET ADDRESS		
13.9	CITY, ST, ZIP		
13.10	NAME		☐ Change ☐ Addition
13.11	STREET ADDRESS		
13.12	CITY, ST, ZIP		
13.13	NAME		☐ Change ☐ Addition
13.14	STREET ADDRESS		
13.15	CITY, ST, ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not comply for the corporation stated in Section 119.07(2)(B), 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 REGISTERED OFFICER OR DIRECTOR

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8916673

CR0304 (3/95)