## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94000087223 (1)

FOXROSE ASSOCIATES, INC.

Principal Place of Business

Mailing Address

## **FILED** May 12 1997 8:00am Secretary of State



MIAMI FL 3318		MIAMI FL 33186-1607	ir <del>u</del> c				
					3. Date incorporated or Qualified 12/01/1994	3a. Date of Last 08/07/1996	
•	lace of Business	2a. Mailing Address			4. FEI Number		Applied For
21 103					65-0538922		Not Applicable
Suite, Apt. 22	#, elc	Suite, Apt. #, etc.		•	5. Certificate of Status Desired	1 7	5 Additional Required
City & State	e .	City & State			6. Election Campaign Financing	\$5.0	May Be
23 M	1771, 1	28 M/AN/	FL		Trust Fund Contribution		d to Fees
Zφ 24 <b>33</b> /	86 25 DADE	29 33/86	Countr	'se	This corporation has liability for Florida Statutes	intangible tax under	r s. 199.032,
24 307	9, Name and Address of Curren		30 37	<u> </u>	10. Name and Address of New Re		
<b>P</b> ∩9	ENECID STEPHANIE		81	Name			
	55-SW-88-LANE 10350	0 54 137 CT.					·
	MI FL 33188		82	Street A	ddress (P.O. Box Number is Not Acceptab	ole)	
			83				
			84	City		FL 85 Zi	p Code
11. Pursuant	to the provisions of Sections 607 050:	2 and 607 1508 Florida Statut	es, the abov	re-named o	corporation submits this statement for the p		its registered
office or re	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was a	authorized b	y the corpo	oration's board of directors. I hereby accep	ot the appointment	as registered
Ü	The state of the s	monto or, occinon as rivers, in	2.0.0				
SIGNATURE	Signature, typeu or printed name of registered age	nt and title if applicable (NOT	E: Registered Ac	ent signature h	equired when reinstaling)	DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC		
TITLE	P	DELETE	1.1 TITLE	1		LY Chang	e Addition
NAME	ROSENFELD, SEYMOUR		1.2 NAME	-	10350 SW 137 C	T:	
STREET ACCRESS	13055 SOUTHWEST 88 LANE		1.3 STREE	Y ADDRESS	10300 300 100	•	
(:ITY - ST - 21F)	MIAMI FL 33186		1.4 City-	ST-ZIP			
TITLE	S	DELETE	2.1 TITLE		· ·	Chang	e L Addition
	TOSENPIELU, STEPHANIE		2.2 NAME		10350 SW 137 CT	•	
STREET ADORESS	13055 SW 88 LANE MIAMI FL			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	10300 SW 101 CI		
CITY - ST - ZIP	MIPONI FL.	DELETE	2. 4 CITY	ST-ZIP			
TITLE			3.1 TIFLE	}		Chang	e L. Addition
NAME PARESE ADDOSEGO			3.2 NAME				
STREET ADDRESS				1 ADDRESS			
CITY-ST-74P Tille		DELETE	3.4. CITY -	51-ZIP		Change	e Addition
NAME		i vereit	4.3 IIILE 4.2 NAME	.		L., Gridny	a First Wooklob
STREET ADORESS				1			
				Y ADDRESS			
CITY-ST-ZiP Title		DELETE	4.4 CHY- 5.1 TITLE	21-78,		Chang	e Addition
NAME		D percir	5.2 NAME			Land Ollaridi	ואוואטנית בי
STREET ADDRESS				T ADDRESS			
City-St-Zip			1	1			
TITLE		DELETE	5.4 CITY- 6.1 TITLE	31. ZIF		Chano	e Addition
NAME			6.2 NAME	- 1			- Luul Muqiilibili
STREET ADDRESS				T ADDRESS			
CITY-SI-ZIP			6.4 CITY-	S1-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 visited empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE: