

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
 AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

FILED

May 06 1997 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 19967



FLORIDA DEPARTMENT OF STATE
 Syndra B. Wirtham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P95600037962 (4)

1. Corporation Name
 ROSEMARY MANOR INC

Principal Place of Business: 780 NW 42 AVE SUITE 621
 Mailing Address: MIAMI FL 33126

3. Date Incorporated or Qualified: 05/12/1995
 3a. Date of Last Report: 1996
 4. FEI Number: 65-0587696
 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

2. Principal Place of Business: 21
 2a. Mailing Address: 26
 22. State, Apt. #, etc.: 27
 23. City & State: 28
 24. Zip: 25
 Country: 29
 30

9. Name and Address of Current Registered Agent: LAZARO R. DIAZ, 780 NW 42 AVE SUITE 621, MIAMI FL 33126
 10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 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: (Must be typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D/P/S	LAZARO R. DIAZ <input type="checkbox"/> DELETE	11 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		12 NAME:	
STREET ADDRESS:	780 NW 42 AVE SUITE 621	13 STREET ADDRESS:	
CITY, ST, ZIP:	MIAMI FL 33126	14 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	21 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		22 NAME:	
STREET ADDRESS:		23 STREET ADDRESS:	
CITY, ST, ZIP:		24 CITY-ST-ZIP:	
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STREET ADDRESS:		43 STREET ADDRESS:	
CITY, ST, ZIP:		44 CITY-ST-ZIP:	
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NAME:		52 NAME:	
STREET ADDRESS:		53 STREET ADDRESS:	
CITY, ST, ZIP:		54 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	61 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		62 NAME:	
STREET ADDRESS:		63 STREET ADDRESS:	
CITY, ST, ZIP:		64 CITY-ST-ZIP:	

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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 617, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE: *Lazaro R. Diaz* LAZARO R. DIAZ 3/29/97 (305) 642-3166
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (3/96)