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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Jan 25 1996 8:00 am
Secretary of State

DOCUMENT # P95000049596 (6)

1. Corporation Name

ROSINVAR USA CORP.



Principal Place of Business

Mailing Address

575 CRANDON BLVD #710
KEY BISCAINE FL

575 CRANDON BLVD #710
KEY BISCAINE FL

2. Principal Place of Business

2a. Mailing Address

21 848 Brickell Ave

26 848 Brickell Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 S-1130

27 S-1130

City & State

City & State

23 Miami, FL

28 Miami, FL

Zip

Zip

Country

Country

24 33131

25 USA

29 33131

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ABRAMSON, EDWARD J
7270 NW 12 STREET SUITE 580
MIAMI FL 33126

81 Name

Elizabeth La Rocca

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

80 SW 8th Street, S-2042

83

84 City

Miami

FL

85 Zip Code

33130

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, Article 607.0505, Florida Statutes.

SIGNATURE

Elizabeth La Rocca

1-18-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PSTD
NAME ARRATA, JOSE J
STREET ADDRESS 575 CRANDON BLVD #710
CITY-ST-ZIP KEY BISCAINE FL

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1.1 TITLE VPD
1.2 NAME VALDOSPINOS, Felipe
1.3 STREET ADDRESS 848 Brickell Ave. S-1130
1.4 CITY-ST-ZIP Miami, FL 33131

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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 an individual with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)