

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

FILED

Feb 11 1997 8:00am  
Secretary of StatePROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000049596 (6)

1. Corporation Name  
ROSINVAR USA CORP.

Principal Place of Business

848 BRICKELL AVE.  
S-1130  
MIAMI FL 33131  
US

Mailing Address

848 BRICKELL AVE.  
S-1130  
MIAMI FL 33131-2949  
US

2. Principal Place of Business

21 6900NW 84TH AVE.

Suite, Apt #, etc.

22

City & State  
23 MIAMI, FLORIDAZip  
24 33166Country  
25 U.S.A.

2a. Mailing Address

26

Suite, Apt #, etc.

27

City &amp; State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

LA ROCCA, ELIZABETH  
80 S.W. 8TH ST.  
SUITE 2042  
MIAMI FL 33130

3. Date Incorporated or Qualified

06/26/1995

3a. Date of Last Report

01/25/1996

4. FEI Number

65-0604232

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☒ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

LUIS AGRAMUNT

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

80 SW 8TH ST

83

SUITE 2000

84 City

MIAMI

FL

85 Zip Code

33130

11. Pursuant to the provisions of Sections 607.0105 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 this 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 duties imposed by Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed in block letters of the registered agent, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

LUIS AGRAMUNT

01/24/1997

12. OFFICERS AND DIRECTORS

TITLE PSTD ~~XX~~ DELETENAME ARRATA, JOSE J  
STREET ADDRESS 575 CRANDON BLVD #710  
CITY-ST-ZIP KEY BISCAYNE FLTITLE VP ☐ DELETENAME VALDOSPINOS, FELIPE  
STREET ADDRESS 848 BRICKELL AVE., S-1130  
CITY-ST-ZIP MIAMI FL 33131TITLE ☐ DELETENAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ DELETENAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ DELETENAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ DELETENAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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

VPD

VALDOSPINOS, FELIPE  
6900 NW 84 TH AVE.  
MIAMI, FL 33166

PD

VALDOSPINOS, JAVIER  
6900 NW 84TH AVE.  
MIAMI, FL 33166

TSD

PUENTE, JAIME  
280 NW, 85TH PL  
MIAMI, FL 33126

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 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 SIGNING OFFICER OR DIRECTOR

JAIHE PUENTE

Date

01/24/1997 (301) 436-0304

Daytime Phone #

CR2E034 (9/96)