FILE NOW; FILING FEE AFTER MAY 1ST IS $550.00

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98 APR -3 AM 5:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AMENDED PROFIT CORPORATION
ANNUAL REPORT
1998

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

DOCUMENT # P95000049596

1. Corporation Name

ROSINVAR USA CORP

Principal Place of Business	Mailing Address
509 N.W. 190 Street North Miami, FL 33179	509 N.W. 190 Street Suite-1130 North Miami, FL 33179

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 509 N.E. 191st Street	2a. Mailing Address 26 509 N.E. 191st Street	3. Date Incorporated or Qualified 6/26/95	
Suite, Apt. #, etc. 22 N/A	Suite, Apt. #, etc. 27 N/A	4. FEI Number 65-0604232	☐ Applied For ☐ Not Applicable
City & State 23 Miami, FL	City & State 28 Miami, FL	5. Certificate of Status Desired ☒	**$8.75** Additional Fee Required
Zip / Country 24 33179 / 25 Dade	Zip / Country 29 33179 / 30 Dade	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LUIS AGRAMUNT 80 S.W. 8th Street Suite 2000 Miami, FL 33130	81 Name: Kenneth P. Shaw 82 Street Address (P.O. Box Number is Not Acceptable): 500 N.E. 191st Street 83 84 City: Miami FL 85 Zip Code: 33179

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: Kenneth P. Shaw, President — March 16, 1998
(Signature for 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☒ Addition
P/D Javier Valdospinas 6900 N.W. 84th Avenue Miami, FL		P/D Kenneth P. Shaw 500 N.E. 191st Street Miami, FL 33179	
V/D Felipe Valdospinas 6900 N.W. 84th Avenue Miami, FL	☐ DELETE	S/D Jaye P. Shaw 500 N.E. 191st Street Miami, FL 33179	☐ Change ☒ Addition
	☐ DELETE	T/D Javier Valdospinas 509 N.E. 191st Street Miami, FL 33179	☒ Change ☐ Addition
	☐ DELETE	V/D Felipe Valdospinas 509 N.E. 191st Street Miami, FL 33179	☒ Change ☐ Addition
	☐ DELETE	500002483265---6 -04/09/98--01005--004 *****70.00 *****70.00	☐ Change ☐ Addition
	☐ DELETE		☐ Change ☐ Addition

14. I 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 added/attached with an address.

SIGNATURE: Kenneth P. Shaw — (305) 651-3772
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

President

CR2E034 (10/97)