PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # P95000063083

1. Corporation Name STA. ROSALIA, INC.

Principal Place	e of Business	Mailing Address	***************************************		I INDEXINES ITS CALOU DIVIL ADDIS SE	11 MB)11 MB11B	######################################	
79 <u>98_TEXAS_TF</u>	SAII	7998 TEXAS TRAIL						
SUITE C.24 DE/ETE SUITE - SUITE C.24								
BOCA RATON FL 33487 BOCA RATON FL 33487					. DO NOT WRITE IN THIS SPACE			
US US					3. Date Incorporated or Qualifed			i
					08/15/1995			
Principal Place of Business 2a. Mailing Address					4. FEI Number		App	lied For
21	26				65-0735777		Not	Applicable
Suite, Apt. #, etc Suite, Apt. #, etc 27					5. Certifcate of Status Desired	□.	\$8.75 A	
City & State City & State					6. Election Campaign Financing		\$5.00	May Be
23 28					Trust Fund Contribution Added to Fees			
Zip	Country Zip Co				8. This corporation owes the curr	ent year In:	angible	
24	25 29 30			Personal Property Tax. Yes No				
241	9. Name and Address of Curre		<u> </u>		10. Name and Address of New F	egistered	Agent	
			81	Name				
HENLEY, RANDALL W				0 11	(D.O. D. M. Lasia Net Assessed	hia)		
322 BANYAN BLVD.				Street Add	ress (P.O. Box Number is Not Accepta	DIE)		
WEST PALM BEACH FL 33401			83					_
				_				
				City	_	FL	85 Zip C	ode
		22 J CO7 1509 Elevido Statutos	the above	o named corr	poration submits this statement for the			registered
office or r	registered agent or both in the State	of Florida. Such change was auti	ionzea by	tne corporati	ion's board of directors. I hereby accept	t the appo	ntment as reg	istered
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.0505, Florid	a Statutes	3.				
SIGNATURE						DATE		\
				nd right algebraic water for the state of th				
12.	T	DELETE	13. 1.1 TITLE		ADDITIONS/CHANGES TO GE	IOLINO AI	Change	[Addition
TITLE	V DAMO BOOME							
NAME	ADAMS, ROSALIE		1.2 NAME					
STREET ADDRESS				TADORESS				ļ
CITY-ST-ZIP	BOCA RATON FL.		1.4 CITY-S	T-ZIP			Change	Addition
mre	P	☐ DELETE	2.1 TITLE				□ Cilange	L Addition
NAME	ADAMS, ALVIN A		2.2 NAME					
STREET ADDRESS	7998 TEXAS TRAIL		2.3 STREE	T ADDRESS				
CITY-ST-ZIP	BOCA RATON FL 33487	<u></u>	2. 4 CITY-S	ST-ZIP				-
TITLE		☐ DELETE	3.1 TITLE				Change	☐ Addition
NAME			3.2 NAME					1
STREET ADDRESS	·	-	3.3 STREE	T ADDRESS				1
CITY-ST-ZIP				CT 71D				
			3.4. CITY-8	31-ZIP				
TITLE	1	☐ DELETE	3.4. CITY-8 4.1 TITLE	31-ZIP			Change	Addition
1		☐ DELETE	4.1 TITLE				Change	☐ Addition
NAME		☐ DELETE	4.1 TITLE 4. 2 NAME				Change	Addition
NAME STREET ADORESS		☐ DELETE	4.1 TITLE 4. 2 NAME 4.3 STREE	TADDRESS			☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP			4.1 TITLE 4. 2 NAME 4.3 STREE 4.4 CITY-S	TADDRESS			☐ Change	Addition
NAME STREET ADORESS		☐ DELETE	4.1 TITLE 4. 2 NAME 4.3 STREE	TADDRESS				_

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 on an attachment and others, with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

61 TITLE

6.2 NAME

□ DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY+ST-ZIP

CITY-ST-ZIP

TITLE

NAME

ri recuired TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Change

☐ Addition

Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90071 047 ***150.00