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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90125 002 ***150.00

DOCUMENT #	P950000821	99
1. Corporation Name	1 000000021	UU

ROSSVILL INTERNATIONAL CORP.							
Principal Place of Business	Mailing Address			- ESDUKTANI IIN ISISI OLITI ABTIL SOLSI ÖBTÜL ÖSI	Mi imilo (timo) (inim imilo imilo imilo imilo		
25 S.E. 2ND AVENUE #201 25 S.E. 2ND AVENUE #201 MIAMI FL 33131 MIAMI FL 33131		·		DO NOT WRITE IN THIS SPACE			
•				3. Date Incorporated or Qualifed			
entre tree at 100 entre to 500 entre	ومسورا يكارين والمالي			10/26/1995	- 		
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	Applied For		
21)	26			65-0620630	Not Applicable		
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip Country 24 25		untry		This corporation owes the current year leading Personal Property Tax.	Intangible ☐ Yes ☐ No		
9. Name and Address of Current Registered Agent			10. Name and Address of New Registere	d Agent			
VEGA, JOSE M 25 S.E. 2ND AVENUE #201		81	Name Street Addre	ss (P.O. Box Number is Not Acceptable)	<u> </u>		
MIAMI FL 33131		83					
•		84		F			
 Pursuant to the provisions of Sections 607.0 office or registered agent, or both, in the Sta agent. I am familiar with, and accept the obli 	ite of Florida. Such change was authorizi	ea by	the corporation	ration submits this statement for the purpose n's board of directors. I hereby accept the app	of changing its registered pointment as registered		

agent. I a	in tattinal with, and accept the obligations of,							
SIGNATURE	Skinature, typed or printed name of registered agent and title if	applicable. (NOTE: 8	Registered Agent signature required	I when reinstating)	DATE			
12.	OFFICERS AND DIREC	13.	ADDITIONS/CHANGES TO OFF					
TITLE	DPS	☐ DELETE	1.1 TITLE			☐ Change	Addition	
NAME	ROSSITER, GUILLERMO N		1.2 NAME					
STREET ADDRESS	EDIF EXA.PISO 1 OF 113 AVE LIBERT	ANOR	1.3 STREET ADDRESS					
City-St-ZIP	EL ROSAL CARACAS VENEZUELA		1.4 CITY-ST-ZIP	•	•			
TITLE	DVP	☐ DELETE	2.1 TITLE			☐ Change	Addition	
NAME	ROSSITER, MARTHA		2.2 NAME	· -	٠.			
STREET ADDRESS	EDIF EXA.PISO 1 OF 113 AVE LIBERT	ADOR	2.3 STREET ADDRESS					
CITY-ST-ZIP	EL ROSAL CARACAS VENEZUELA	N. DOM	2.4 CITY-ST-ZIP					
TITLE	D	☐ DELETE	3.1 TITLE			Change	Addition	
NAME	VEGA, JOSE M.		3.2 NAME	•				
STREET ADDRESS	25 S.E. 2ND AVE., #201		3.3 STREET ADDRESS					
CITY-ST-ZIP	MIAMI FL		3.4. CITY-ST-ZIP					
TITLE	MINMITE	☐ DELETE	4.1 TITLE			☐ Change	☐ Addition	
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET ADDRESS					
CITY-ST-ZIP	•		4.4 CITY-ST-ZIP					
TITLE		☐ DELETE	5.1 TITLE			☐ Change	Addition	
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET ADDRESS					
CITY-ST-ZIP			5.4 CITY-ST-ZIP			;		
TITLE		☐ DELETE	6.1 TITLE			☐ Change	Addition	
NAME			6.2 NAME					
		•	6.3 STREET ADDRESS		1	L		
STREET ADDRESS)	/	64 CITY-ST-7IP					

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 effective 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 or an attachment with an address, with all other like empowered.

SIGNATURE

Typed or Printed Hame of Signing Officer or Direction

X04/12/9

(305) 539-905

Daytime Phone #

CR2E034 (11/98