

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000091961 (9)**

1. Corporation Name

ROSARIO SALAZAR DESIGN, INC.



Principal Place of Business

Mailing Address

% LESLIE ALAN ROZENCWAIG, P.A.
1 SOUTHEAST 3RD AVENUE, SUITE 960
MIAMI FL 33131

% LESLIE ALAN ROZENCWAIG, P.A.
1 SOUTHEAST 3RD AVENUE, SUITE 960
MIAMI FL 33131

3. Date Incorporated or Qualified

12/04/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 2040 NE 198 TERRACE

26 SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27

City & State

23 D. MIAMI BEACH, FLA.

28

City & State

24

Zip

Country

29

Zip

Country

33179

U.S.A.

30

9. Name and Address of Current Registered Agent

4. FEI Number

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

ROZENCWAIG, LESLIE A
% LESLIE ALAN ROZENCWAIG, P.A.
1 SOUTHEAST 3RD AVENUE, SUITE 960
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name ROSARIO SALAZAR
82 Street Address (P.O. Box Number is Not Acceptable) 2040 NE 198 TERRACE
83
84 City D. MIAMI BEACH, 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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

[Signature]

ROSARIO SALAZAR

April 17/96

Signature typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	<input type="checkbox"/> DELETE
NAME	ROSARIO SALAZAR	
STREET ADDRESS	2040 NE 198 TERRACE	
CITY-ST-ZIP	D. MIAMI BEACH, FL 33179	
TITLE	SECRETARY	<input type="checkbox"/> DELETE
NAME	ALVARO SALAZAR	
STREET ADDRESS	2040 NE 198 TERRACE	
CITY-ST-ZIP	D. MIAMI B. FL. 33179.	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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25.1

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 on an attachment with an address.

SIGNATURE: *[Signature]*

[Signature]

ROSARIO SALAZAR, PRESIDENT

305-379-6100

SIGNATURE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (12/95)