FILED

May 01, 1999 8:00 am Secretary of State

05-01-1999 90068 036 ***150.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed 12/26/1995

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

Mailing Address

1621 NW 92 AVE

PEMBROKE PINES FL 33024

PROFIT CORPORATION. ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600000739

1. Corporation Name

Principal Place of Business

PEMBROKE PINES FL 33024

1621 NW 92 AVE

U\$

ROSIE ROSARIO, P.A.

2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	 	plied For		
21		26		65-0629757		t Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A Fee Re			
22	27				<u> </u>			
City & State		City & State		6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees				
23		28			Trust Fund Contribution		o rees	
Zip	— — — — — — — — — — — — — — — — — — —		Country □	2. This corporation of the service year		ntanginge □YYes □No		
24	25	29 30	9]		Personal Property Tax. 10. Name and Address of New Register			
Name and Address of Current Registered Agent				Name				
ROSARIO, ROSIE				TVAING			_	
1621 NW 92 AVE			82	Street Addr	ress (P.O. Box Number is Not Acceptable)			
PEMBROKE PINES FL 33024			83	<u> </u>				
	IDITORE I INEO I E GOOZY		63					
			84	City		85 Zip C	Code	
				L	•		ragistared	
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					d when reinstation) DATE		{	
	Stgnature, typed or printed name of registered agent	(*****		nt signature require	ADDITIONS/CHANGES TO OFFICERS		PS IN 12	
12.	OFFICERS AND DIRECTORS DELETE		13.		ADDITIONS/CHANGES TO OFFICERS	Change	Addition	
TITLE	•		ľ		•			
NAME	ROSARIO, ROSIE		1.2 NAME				1	
STREET ADDRESS	11-11-11-11-11-11-11-11-11-11-11-11-11-		1.3 STREET ADDRESS				İ	
CITY-ST-ZIP	PEMBROKE PINES FL 33024		1.4 CITY-S 2.1 TITLE	ST-ZIP		Change	Addition	
πιε	V					□ change		
NAME .	1100/1110, 0002		2.2 NAME		•			
STREET ADDRESS	1		2.3 STREET ADDRESS					
CITY-ST-ZIP	PEMBROKE PINES FL 33024		2.4 CITY-ST-ZIP			☐ Change	Addition	
TITLE	• · · ·		3.1 TITLE			Charge	C. Fidulion	
NAME	NOOMIO, EIDIN		3.2 NAME				-	
STREET ADDRESS	1621 NW 92 AVE			STREET ADDRESS				
CITY-ST-ZIP			3.4. CITY-	ST-ZIP	·	☐ Change	Addition	
TITLE		☐ DELETE	4.1 TITLE			☐ Change	LT MODITION	
NAME		4.2		į				
STREET ADDRESS			4.3 STREE	T ADDRESS				
CITY-ST-ZIP			4.4 CITY-S	ST-ZIP				
TITLE .		☐ DELETE	5.1 TITLE			☐ Change	☐ Addition	
NAME	-	* *	5.2 NAME					
STREET ADDRESS	<u>-</u>		•	TADDRESS =				
CITY-ST-ZIP			5.4 CITY-S	ST-ZIP				
TITLE		☐ DÉLETE	6.1 TITLE			Change	☐ Addition	
NAME			6.2 NAME				{	
STREET ADDRESS			6.3 STREE	T ADDRESS			\ \	

6.4 CITY-ST-ZIP

CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling 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, with all other like empowered.