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May 07, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P96000011897

1. Corporation Name
ROSBETTY CORPORATION

Principal Place of Business

Mailing Address

~~G/O 2500 SW 107 AVENUE~~
~~SUITE 37~~
~~MIAMI FL 33165~~
~~US~~

~~9140 FOUNTAINBLEAU BLVD~~
~~APT 105~~
~~MIAMI FL 33175~~
~~US~~



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/07/1996

4. FEI Number

65-0639017

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax. Yes No

2. Principal Place of Business

2a. Mailing Address

21 **7151 SW 8 STREET**

26 **7151 SW 8 STREET**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 **MIAMI FL**

City & State

28 **MIAMI, FL**

Zip

24 **33144**

Country

25 **US**

Zip

29 **33144**

Country

30 **US**

9. Name and Address of Current Registered Agent

RAMIREZ, ALBERTO
2500 SW 107 AVENUE
SUITE 37
MIAMI FL 33165

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ~~PD~~ DELETE

NAME **ALONSO, MARITZA A**

STREET ADDRESS **424 SW 7 ST., #401**

CITY-ST-ZIP **MIAMI FL 33130**

TITLE ~~SD~~ DELETE

NAME **BRINGA, CARLOS M**

STREET ADDRESS **10720 NW 7 ST. #3**

CITY-ST-ZIP **MIAMI FL 33172**

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P/S/T/D** Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARITZA ALONSO
 REGISTERED AGENT

4/16/99 *(305) 266-0664*

Date

Daytime Phone #

CR2E034 (11/98)

12/98/30