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04-27-1999 90020 038 ***150.00



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **P96000070210**

1. Corporation Name

RO-SA-MAR INCORPORATED

						DIŞTBI ELD LƏNKƏ ƏNKIN ABINI OL	DIAN BURRIN BURNIN I	ARFI BRIID IFBBI I	(0) 20 14 (00)	
Principal Place	e of Business	Mailing Address								
305 LAKE VIEW	/ DRIVE	305 LAKE VIEW DRIVE								
APT. 101 APT. 101						DO NOT WRITE IN THE CRACE				
		WESTON FL 33326 US			DO NOT WRITE IN THIS SPACE					
US US					3. Date in 0 08/21/	corporated or Qualifed 11996				
Principa Place of Business 2a. Mailing Address				A : C#		4. FEI Number		Apr	lied For	
21 <i>71175</i>	NW 27 AVE	26 7/7 NW	21/	ive_	65-070	<u> </u>		Not	Applicable	
Suite, Apt.		Suite, Apt. #, etc.			5 Costifou	te of Status Desired		\$8.75 A		
22		27			5. Ceruica	e of Status Desired		Fee Red	uired	
City & S:at	e	City & State	-/		6. Election	Campaign Financing		\$5.00	May Be	
23 MixIN	li PL	28 MPDMY P			Trust Fi	and Contribution		Added to	Fees	
Zip	Country	Zip	Country		8. This ccr	poration owes the curr	rent year Inta	angible		
24 33.	147 25 JIDE	29 /- 635/4/ 30	MAP	E	Persona	il Property Tax.		Yes	[]No	
	9. Name and Address of Current	Registered Agent			10. Name a	and Address of New I	Registered /	Agent		
	100000111 BODIO		81	Name						
NOWODORSHY, DORIS				Stroot Add	dross (B.O. Boy	Number is Not Accept	ahle)			
305 LAKE VIEW DRIVE			82	Sileet Aut	iless (F.O. Box	Author is 1400 Accept	aule)			
APT.			83							
WES	TON FL 33326									
			84	City			FL	85 Zip C	ode	
11 Pursuant	to the provisions of Sections 607.0502	and 607,1508, Florida Statutes, th	he above	-named cor	poration submits	this statement for the	purpose of	changing its i	registered	
office or re	egistered agent, or both, in the State of	f Florida. Such change was authoi	rized by t	the corporat	tion's board of ci	rectors. I hereby acce	pt the appoir	itment as reg	ıstered	
agent. a	m familiar with, and accept the obligati	ons of, Section 607.0505, Florida	Statutes.				4/22	1 <i>pg</i>		
SIGNATURE	Signature, typed or printed name of registered agent		stored Ament	t pionatura zacı	red when reinstating)		DATE	<i>44</i>		
12.	OFFICERS AND		13.	aignatore requ		NS/CHANGES TO OF	FICERS AN	D DIRECTOR	S IN 12	
TITLE	PD		1.1 TITLE		71007110	<u>,,,,</u>		☐ Change	Addition	
NAME	NOWODWORSKY, DORIS	_	1.2 NAME							
	305 LAKE VIEW DRIVE, APT 101	OOS LAKE VIEW DON'S ADT 404								
STREET ADDRE 3S	WENTON EL ARROS		4.2 CTOFFE	ADDDDECC						
CITY-ST-ZIP	I WEGINN EL 33398		1.3 STREET							
TITLE	WESTON FL 33326		1.4 CITY-ST					Channe	Addition .	
	D	☐ DELETE	1.4 CITY-ST 2.1 TITLE					☐ Change	Addition :	
NAME	D BRITO, JUAN F	DELETE	1.4 CITY-ST 2.1 TITLE 2.2 NAME	-ZIP				☐ Change	Addition	
	D BRITO, JUAN F 305 LAKE VIEW DRIVE, APT 101	☐ DELETE	1.4 CITY-ST 2.1 TITLE	-ZIP				☐ Change	Addition :	
NAME STREET ADDRE 'S CITY-ST-ZIP	D BRITO, JUAN F	☐ DELETE	1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-ST	-ZIP -						
NAME STREET ADDRE 3S	D BRITO, JUAN F 305 LAKE VIEW DRIVE, APT 101	☐ DELETE	1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET	-ZIP -				☐ Change	Addition	
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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 supplier ental 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 any attach than the with an address, with a lother like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

NAME

ED OR TRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

Change

Addition

CR2E034 (11/98)