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Mar 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P96000073470 (2)

1. Corporation Name
FIDEL ROS G.C., INC.



Principal Place of Business
**7520 S.W. 92 COURT
 MIAMI FL 33173**

Mailing Address
**7520 S.W. 92 COURT
 MIAMI FL 33173-3268**

3. Date Incorporated or Qualified 09/04/1996	3a. Date of Last Report 12/1
4. FEI Number APPLIED FOR	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

**ROS, FIDEL
 7520 S.W. 92 COURT
 MIAMI FL 33173**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
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 _____ DATE _____
(Type or print name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ROS, FIDEL	
STREET ADDRESS	7520 S.W. 92 COURT	
CITY - ST - ZIP	MIAMI FL 33173	
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		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-97 (305) 597-0736
Date Daytime Phone #

CR2E034 (9/96)

PLEASE REPLY TO: FIDEL ROS, JR
FAX # (305) 595 3754

Form **SS-4**
(Rev. December 1993)
Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

EIN
OMB No. 1545-0003
Expires 12-31-96

1 Name of applicant (Legal name) (See instructions.)
FIDEL ROS G.C., INC.

2 Trade name of business, if different from name in line 1

3 Executor, trustee, "care of" name

4a Mailing address (street address) (room, apt., or suite no.)
7520 S.W. 92 Court

4b City, state, and ZIP code
Miami, Fla. 33173

5a Business address, if different from address in lines 4a and 4b

5b City, state, and ZIP code

6 County and state where principal business is located
Dade County, Florida

7 Name of principal officer, general partner, grantor, owner, or trustor—SSN required (See instructions.) ▶ **FIDEL ROS, JR.** 262-72-7126

8a Type of entity (Check only one box.) (See instructions.)

Sole Proprietor (SSN)

REMIC

State/local government

Other nonprofit organization (specify)

Other (specify) ▶

Personal service corp.

National guard

Estate (SSN of decedent)

Plan administrator-SSN

Other corporation (specify)

Federal government/military

Trust

Partnership

Farmers' cooperative

Church or church controlled organization (enter GEN if applicable)

8b If a corporation, name the state or foreign country (if applicable) where incorporated ▶ State **Florida** Foreign country

9 Reason for applying (Check only one box)

Started new business (specify) ▶ **Contractor**

Hired employees

Created a pension plan (specify type) ▶

Banking purpose (specify) ▶

Changed type of organization (specify) ▶

Purchased going business

Created a trust (specify) ▶

Other (specify) ▶

10 Date business started or acquired (Mo., day, year) (See instructions.) **09/04/96 (NO ACTIVITY SINCE)**

11 Enter closing month of accounting year. (See instructions.)

12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year) ▶ **NONE**

13 Enter highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "0."

Nonagricultural	Agricultural	Household
0	0	0

14 Principal activity (See instructions.) ▶

15 Is the principal business activity manufacturing? Yes No
If "Yes," principal product and raw material used ▶

16 To whom are most of the products or services sold? Please check the appropriate box. Business (wholesale) Public (retail) Other (specify) ▶ N/A

17a Has the applicant ever applied for an identification number for this or any other business? Yes No
Note: If "Yes," please complete lines 17b and 17c.

17b If you checked the "Yes" box in line 17a, give applicant's legal name and trade name, if different than name shown on prior application.

Legal name ▶ Trade name ▶

17c Enter approximate date, city, and state where the application was filed and the previous employer identification number if known.

Approximate date when filed (Mo., day, year)	City and state where filed	Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete

Name and title (Please type or print clearly) ▶ **FIDEL ROS, JR Principal.** Business telephone number (include area code) **305 595 0736**

Signature ▶ *[Signature]* Date ▶ **2/28/97**

Please leave blank ▶ Geo. Ind. Class Size Reason for applying