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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P96000084215 (8) DOCUMENT #

ROSEMONT SERVICES CORP.

## **FILED** Mar 05 1998 8:00am Secretary of State



Principal Place of Business Mailing Address				1 COULDON NO TORIO DINI DONI DONI BONI BONI DONI BONI CON BUILD REDE NEGO DEN CORT	
11355 SOUTHWEST 84TH STREET 11355 SOUTHWEST 84TH S MIAMI FL 33173 MIAMI FL 33173			STREET		DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified
2. Principal Place of Business 2a. Mailing Address					10/11/1996 4. FEI Number Applied For
21		26			65 - 0701544 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired  \$8.75 Additional
22		27			Fee Hequired
City & State		City & State			Election Campaign Financing     Trust Fund Contribution     Added to Fees
Zip			Count	ry	8. This corporation owes or has paid the current year Intangible
24	25   29   30   9. Name and Address of Current Registered Agent		30	Personal Property Tax due June 30. Yes K No  10. Name and Address of New Registered Agent	
				1 Name	10. Relie and Address of New Hegistered Agent
CORPCO, INC. 2699 SOUTH BAYSHORE DRIVE 7TH FLOOR MIAMI FL 33133			8		ddress (P.O. Box Number is Not Acceptable)
			8		
			L		
			8	4 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 a	gent and title if applicable. (NOTI ND DIRECTORS	Registered A	gent signatura r	equired when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	D OFFICERS AI	DELETE	1.1 TITU		☐ Change ☐ Addition
NAME	SHAHAM, JACOB		1.2 NAM	E	
STREET ADDRESS	0.00 0.00 0.00		1.3 STRE	ET ADDRESS	· ·
CITY-ST-ZIP			1.4 CITY	- ST - ZIP	
TITLE	VP DELETE 2.1		2.1 TITU		Change Addition
NAME	MANKOFF, LARRY		2.2 NAM	E	
STREET ADDRESS	ss 8900 SW 107 AVE STE 201		2.3 STRE	ET ADDRESS	
CITY-ST-ZIP			2, 4 CIT)	-ST-ZIP	
TITLE			3.1 TITLE		Change Addition
NAME	OTHER PRINCIPLES		3.2 NAM		
STREET ADDRESS	0.00.00			et address	
CITY-ST-ZIP	MIAMI FL	DELETE	3.4. CITY		☐ Change ☐ Addition
TITLE	DITTAN AND	☐ NECELE	4.1 TITLE		C Change C Addition
NAME	BITTAN, AVI		4. 2 NAN		
STREET ADDRESS	15111			ET ADDRESS	
CITY-ST-ZIP			4.4 CITY 5.1 TITLE		Change Addition
TITLE NAME			5.2 NAM		
				ET ADDRESS	
STREET ADDRESS			5.4 CATY		
CITY-ST-ZIP TITLE		DELETE	6.1 TiTL		☐ Change ☐ Addition
NAME			6.2 NAM		500002449015 \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
STREET ADDRESS				ET ADDRESS	-03/06/9801006027 7 <b>7,5</b>
CITY-ST-ZIP			6.4 CITY		***1050.00

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 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, of on an attachment with an address.