

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

FILED  
May 01, 1999 8:00 am  
Secretary of State

05-01-1999 90088 032 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # P96000094985

1. Corporation Name

ROSECLIFF BOCA, INC.

Principal Place of Business

215 SW 42 AVE  
MIAMI BEACH FL 33134  
US

Mailing Address

215 SW 42 AVE  
MIAMI BEACH FL 33134  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/19/1996

2. Principal Place of Business

21 2333 Brickell Avenue

2a. Mailing Address

26 2333 Brickell Avenue

4. FEI Number

65-0711115

Applied For

Not Applicable

Suite, Apt. #, etc.  
Suite D-1

Suite, Apt. #, etc.  
Suite D-1

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

City & State

23 Miami, Florida

City & State

28 Miami, Florida

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

Zip

24 33129

Country

25 USA

Zip

29 33129

Country

30 USA

8. This corporation owes the current year Intangible  
Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DAVID, MARY ANN

215 SW 42AVE

MIAMI BEACH FL 33134

81 Name

David, Mary Ann

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

2333 Brickell Avenue

83

Suite D-1

84 City

Miami, Florida

FL

85 Zip Code

33129

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

NAME ROSEN, NORMAN S  
STREET ADDRESS 215 SW LEJEUNE ROAD  
CITY-ST-ZIP MIAMI FL 33134

1.1 TITLE D ☐ Change ☐ Addition

1.2 NAME Rosen, Norman S.  
1.3 STREET ADDRESS 2333 Brickell Avenue Suite D-1  
1.4 CITY-ST-ZIP Miami, Florida 33129 USA

TITLE D ☐ DELETE

NAME ROSEN, NATALIE H  
STREET ADDRESS 215 SW LEJEUNE ROAD  
CITY-ST-ZIP MIAMI FL 33134

2.1 TITLE D ☐ Change ☐ Addition

2.2 NAME Rosen, Natalie H.  
2.3 STREET ADDRESS 2333 Brickell Avenue Suite D-1  
2.4 CITY-ST-ZIP Miami, Florida 33129 USA

TITLE D ☐ DELETE

NAME ROSEN, CLIFFORD D  
STREET ADDRESS 215 SW LEJEUNE ROAD  
CITY-ST-ZIP MIAMI FL 33134

3.1 TITLE D ☐ Change ☐ Addition

3.2 NAME Rosen, Clifford D.  
3.3 STREET ADDRESS 2333 Brickell Avenue Suite D-1  
3.4 CITY-ST-ZIP Miami, Florida 33129 USA

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
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)(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, on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Norman S. Rosen

4-13-99

305-859-4900

Date

Daytime Phone #

CR2E034 (11/98)