

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

FILED

Jan 20 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000004174 (3)

1. Corporation Name

ROZEN RETAIL ENTERPRISES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 19 N MIAMI AVE MIAMI FL 33128		Mailing Address 19 N MIAMI AVE MIAMI FL 33128	
2. Principal Place of Business 21 73 E FLAGLER ST Suite, Apt. #, etc.		2a. Mailing Address 26 73 E FLAGLER ST Suite, Apt. #, etc.	
22 City & State MIAMI FL		27 City & State MIAMI FL	
23 Zip 33131		28 Zip 33131	
25 Country		29 Country	
30		3. Date Incorporated or Qualified 01/06/1997	
4. FEI Number 65-0718203		Applied For 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

ROZEN, HAGAI
19 N MIAMI AVE
MIAMI FL 33128

10. Name and Address of New Registered Agent

81 Name ROZEN CHAGAY
82 Street Address (P.O. Box Number is Not Acceptable)
73 E FLAGLER ST
83
84 City MIAMI FL 85 Zip Code 33131

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]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-5-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.	
TITLE	D	1.1 TITLE	PROZEN CHAGAY
NAME	ROZEN, HAGAI	1.2 NAME	
STREET ADDRESS	19 N MIAMI AVE	1.3 STREET ADDRESS	73 E FLAGLER ST
CITY-ST-ZIP	MIAMI FL 33128	1.4 CITY-ST-ZIP	MIAMI FL 33131
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, or on an attachment with an address.

SIGNATURE:

[Signature] ROZEN CHAGAY ROZEN

1-5-98 305-3747560

CR2E034 (10/97)