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FILED

Mar 17 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000103301 (2)**

1. Corporation Name

**SUB ROSA CONSULTANTS USA VENTURES, INC.**

Principal Place of Business

**1840 W. 49TH ST., STE. 603-5  
HIALEAH FL 33012**

Mailing Address

**1840 W. 49TH ST., STE. 603-5  
HIALEAH FL 33012**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**12/08/1997**

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

**21 211 Whisper Lake Rd.**

Suite, Apt. #, etc.

2a. Mailing Address

**26 P.O. Box 333**

Suite, Apt. #, etc.

**22 Palm Harbor**

City & State

**27 Ozona**

City & State

**23 Palm Harbor, FL**

Zip

Country

**28 Ozona, FL**

Zip

Country

**24 34683**

**25 USA**

**29 34660**

**30**

9. Name and Address of Current Registered Agent

**HART, DAVID J  
100 N. BISCAYNE BLVD. STE. #2600  
MIAMI FL 33132**

10. Name and Address of New Registered Agent

81 Name

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

83

84 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 agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME **D MC EWAN, PETER**  
STREET ADDRESS **WYLLIE COURT STE. 14A, CAMPBELL ST.**  
CITY-ST-ZIP **RICHMOND HILL, PT. ELIZA. 8001 SO. AF-RICA**

TITLE ☐ DELETE  
NAME **D RUDMAN, DONALD**  
STREET ADDRESS **P.O. BOX 964 (NA)**  
CITY-ST-ZIP **CHALMETT LA 70044**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☒ Change ☐ Addition  
12 NAME  
13 STREET ADDRESS **211 Whisper Lake Road**  
14 CITY-ST-ZIP **Palm Harbor, FL 34683**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 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, and 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 in attachment with an address.

SIGNATURE:

*Peter McEwan*

**5/10/98**

**(813) 785-6500**

CR2E034 (10/97)