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May 05, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P98000089039

1. Corporation Name
ROSABAN INVESTMENT CORP.

Principal Place of Business
789 CRANDON BLVD., UNIT 403
KEY BISCAYNE FL 33149

Mailing Address
789 CRANDON BLVD., UNIT 403
KEY BISCAYNE FL 33149



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/19/1998

4. FEI Number
65-0869398

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 the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 1200 Brickell Avenue

22 City & State

27 Suite 900

23 Zip

Country

28 Miami, Florida

24

25

29 33131

30

Country USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ADAMS, ROBERT R
701 BRICKELL AVE., SUITE 2150
MIAMI FL 33131

81 Name
AGIM Registered Agents, Inc.
82 Street Address (P.O. Box Number is Not Acceptable)
1200 Brickell Avenue, Suite 900
83 RRA
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]* President, AGIM REGISTERED AGENTS, INC

DATE 3/26/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Table with 4 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Includes entry for TINOCO, RAFAEL.

Table with 4 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Includes entries 1.1 through 6.4.

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, with all other like empowered.

SIGNATURE: *[Signature]*

DATE 4-28-99 DAYTIME PHONE # 305 416 6800

CR2E034 (1/98)