FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 PROFIT Apr 14 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State Socretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT #

1. Corporation Name (5)ROSE TAFT COUTURE INC. Mailing Address Principal Place of Business 5850 MIAMI LAKES DRIVE 5850 MIAMI LAKES DRIVE MIAMI LAKES FL 33014 MIAMI LAKES FL 33014 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/04/1991 2. Principal Place of Business 2a, Mailing Address Applied For Not Applicable 65-0260849 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country 8. This corporation owes or has paid the current year Intangible Yes 24 29 Personal Property Tax due June 30. g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Street Address (P.O. Box Number is Not Acceptable)

5650 MIAMILAKES 18700 LONG LAKE DRIVE 82 BRIVE **BOCA RATON FL 33496** 83 84 Zip Code **33014** MIAMI 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. (NCT): Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. DELETE PTD Change TITLE 1.1 TITLE NAME TAFT, MARCIA 1.2 NAME 5850 MIAMI LAKES DR 1.3 STREET ADDRESS STREET ADDRESS MIAMI LAKES FL CITY-\$T-ZIP 1.4 CHTY-ST-ZIP DELETE Change **VSD** TITLE 2.1 THEF

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Addition Addition NAME -taft-alan-22 NAME 18700 LONG LAKE DRIVE STREET ADDRESS 2.3 STHEET ADDRESS **BOCA RATON FL** 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition 3.1 TITLE Change TITLE NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIF 3.4. CITY - ST - ZIP DELETE Change __ Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-\$1-ZIP 4.4 City - St - ZIP DELETE Change Addition TITL F 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE 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

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