

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

**FILED**  
**Mar 20 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
--	---	---

**DOCUMENT # S70623 (1)**

1. Corporation Name  
**ROSINA ENTERPRISES, INC.**



Principal Place of Business <b>9400 NW 104TH STREET                  MEDLEY FL 33178</b>	Mailing Address <b>9400 NW 104TH STREET                  MEDLEY FL 33178</b>
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>07/30/1991</b>	
21. Suite, Apt. #, etc.	22. City & State	25. Suite, Apt. #, etc.	26. City & State	4. FEI Number <b>65-0279889</b>	Applied For <input type="checkbox"/> Not Applicable
23. Zip	24. Country	27. Zip	28. Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
29. Name and Address of Current Registered Agent		30. Name and Address of New Registered Agent		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
31. Signature		32. Signature		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**GUASTAFESTE, CARMINE E**  
**9400 NW 104TH STREET**  
**MEDLEY FL 33178**

**10. Name and Address of New Registered Agent**

81. Name  
 82. Street Address (P.O. Box Number is Not Acceptable)  
 83. City  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD GUASTAFESTE, CARMINE E 9400 NW 104TH STREET MEDLEY FL 33178	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUASTAFESTE, CARMINE E	1.2 NAME	
STREET ADDRESS	9400 NW 104TH STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	MEDLEY FL 33178	1.4 CITY-ST-ZIP	
TITLE	SD GUASTAFESTE, EDWARD A 3595 NW 125TH STREET MIAMI FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUASTAFESTE, EDWARD A	2.2 NAME	
STREET ADDRESS	3595 NW 125TH STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	ASD GUASTAFESTE, ROSINA 9400 NW 104TH STREET MEDLEY FL 33178	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUASTAFESTE, ROSINA	3.2 NAME	
STREET ADDRESS	9400 NW 104TH STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	MEDLEY FL 33178	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: *C. S. A. - Ros -* **3-16-98**  305-863-0300

CR2E034 (10/97)