

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**APPROVED AND FILED**

95 MAY - 1 PM 3:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **S78328 (9)**

1. Corporation Name  
**ROSED PRODUCTIONS, INC.**

Principal Place of Business Mailing Address  
**2151 LEJEUNE RD SUITE 310 CORAL GABLES FL 33134** **1036 SW 1 ST MIAMI FL 33130 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/06/1991** 3a. Date of Last Report **05/01/1994**  
4. FEI Number **65-0338058** Applied For Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fed Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
7. This corporation lies liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 **1036 S.W. 1 ST.** 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 **MIAMI, FLORIDA** 28  
24 **33130** 25 **U.S.** 29 Country 30

9. Name and Address of Current Registered Agent  
**FL ANNUAL REPORT  
CANTERA ASSOC INC.  
1036 SW 1 ST  
MIAMI FL 33130**

10. Name and Address of New Registered Agent  
81 **FLORIDA ANNUAL REPORT SERVICES INC.**  
82 **1036 S.W. 1 ST.**  
83  
84 **MIAMI FL** 85 **33130**

11. Pursuant to the provisions of Sections 607.0502 and 607.1408, 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]* **AMADA C. LOPEZ, PRES** **4/27/95** DATE  
Signature (hand or printed name of registered agent and title) (see title) (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>PSD</b>
NAME	<b>PALMER, EDUARDO</b>
STREET ADDRESS	<b>2151 LEJEUNE RD #310</b>
CITY ST ZIP	<b>CORAL GABLES FL</b>
TITLE	<b>VPT</b>
NAME	<b>PUELLO, MAGALY</b>
STREET ADDRESS	<b>6206 SW 131 PL, #102</b>
CITY ST ZIP	<b>MIAMI FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY ST ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>800001474258</b>
2.4 CITY ST ZIP	<b>-05/03/95--01163--006</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	<b>****200.00 ****200.00</b>
3.4 CITY ST ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY ST ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY ST ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	<b>SP75/1</b>
6.4 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(9)(k), Florida Statutes. I further certify that the information reflected 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: **Dr. E. Palmer (Eduardo Palmer) Pres.** **3/27/95 305-5458686**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Signature) (Phone #)