

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

**APPROVED
AND
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96 MAY -1 PM 1:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S78328** (9)
1. Corporation Name
ROSED PRODUCTIONS, INC.

Principal Place of Business: **1036 S.W. 1 ST. MIAMI FL 33130**
Mailing Address: **1036 S.W. 1 ST. MIAMI FL 33130**

2. Principal Place of Business 21 2300 CORAL WAY Suite, Apt. #, etc.	2a. Mailing Address 26 2300 CORAL WAY Suite, Apt. #, etc.	3. Date Incorporated or Qualified 09/06/1991	3a. Date of Last Report 05/01/1995
22 City & State 23 MIAMI FLORIDA,	27 City & State 28 MIAMI FLORIDA,	4. FEI Number 65-0338058	Applied For <input type="checkbox"/> Not Applicable
24 Zip 33145	25 Country US.	29 Zip 33145	30 Country US.
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent FLORIDA ANNUAL REPORT SERVICES INC 1036 S.W. 1 ST. MIAMI FL 33130		10. Name and Address of New Registered Agent 81 Name FLORIDA ANNUAL REPORT SERVICES, INC. 82 Street Address (P.O. Box Number is Not Acceptable) 2300 CORAL WAY SUITE # 200 83 84 City MIAMI FL 85 Zip Code 33145	

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 office or registered agent with and accept the obligations of Section 607.0405, Florida Statutes.

SIGNATURE: *Amada Cantera Lopez* **AMADA CANTERA LOPEZ, PRES** (NOTE: Registered Agent's signature required when resigning) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALMER, EDUARDO	1.2 NAME	
STREET ADDRESS	2151 LEJEUNE RD #310	1.3 STREET ADDRESS	
CITY - ST - ZIP	CORAL GABLES FL	1.4 CITY - ST - ZIP	
TITLE	VPT <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PUELLO, MAGALY	2.2 NAME	
STREET ADDRESS	6200 SW 151 PL, #102	2.3 STREET ADDRESS	200001812092
CITY - ST - ZIP	MIAMI FL	2.4 CITY - ST - ZIP	-05/07/96--01160--006
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	****200.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Dr. E. Palmer* **4/29/96**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)