


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

FILED

Feb 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS																																																																																																																									
DOCUMENT # V05180 (7)																																																																																																																													
1. Corporation Name ROSE TATTOO, INC.																																																																																																																													
Principal Place of Business 1114 WHITE STREET REAR KEY WEST FL 33040 US			Mailing Address BELL & CO. CPAS. PC 535 FIFTH AVE., 21ST FLOOR NEW YORK NY 10017-3610 US																																																																																																																										
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 01/07/1992 3a. Date of Last Report 02/16/1996 4. FEI Number 65-0354721 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No																																																																																																																									
9. Name and Address of Current Registered Agent LIEB, DONNA 524 FRANCES STREET KEY WEST FL 33040			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 619 ASHE STREET 84 City KEY WEST FL 85 Zip Code 33040																																																																																																																										
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 <i>Donna Lieb</i> (NOTE: Registered Agent signature required when reinstating) DATE																																																																																																																													
12. OFFICERS AND DIRECTORS																																																																																																																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">P</td> <td style="width:10%; text-align: center;"><input type="checkbox"/> DELETE</td> <td style="width:10%;">1.1 TITLE</td> <td style="width:30%;"></td> </tr> <tr> <td>NAME</td> <td>LIEB, DONNA H.</td> <td></td> <td>1.2 NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>524 FRANCES STREET</td> <td></td> <td>1.3 STREET ADDRESS</td> <td>619 ASHE STREET</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>KEY WEST FL</td> <td></td> <td>1.4 CITY-ST-ZIP</td> <td>KEY WEST, FL 33040</td> </tr> <tr> <td>TITLE</td> <td>S</td> <td style="text-align: center;"><input type="checkbox"/> DELETE</td> <td>2.1 TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td>LIEB, ROBERT M.</td> <td></td> <td>2.2 NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>524 FRANCES ST.</td> <td></td> <td>2.3 STREET ADDRESS</td> <td>619 ASHE STREET</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>KEY WEST FL</td> <td></td> <td>2.4 CITY-ST-ZIP</td> <td>KEY WEST, FL 33040</td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> DELETE</td> <td>3.1 TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>3.2 NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>3.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>3.4 CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> DELETE</td> <td>4.1 TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>4.2 NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>4.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>4.4 CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> DELETE</td> <td>5.1 TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>5.2 NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>5.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>5.4 CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> DELETE</td> <td>6.1 TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>6.2 NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>6.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>6.4 CITY-ST-ZIP</td> <td></td> </tr> </table>						TITLE	P	<input type="checkbox"/> DELETE	1.1 TITLE		NAME	LIEB, DONNA H.		1.2 NAME		STREET ADDRESS	524 FRANCES STREET		1.3 STREET ADDRESS	619 ASHE STREET	CITY-ST-ZIP	KEY WEST FL		1.4 CITY-ST-ZIP	KEY WEST, FL 33040	TITLE	S	<input type="checkbox"/> DELETE	2.1 TITLE		NAME	LIEB, ROBERT M.		2.2 NAME		STREET ADDRESS	524 FRANCES ST.		2.3 STREET ADDRESS	619 ASHE STREET	CITY-ST-ZIP	KEY WEST FL		2.4 CITY-ST-ZIP	KEY WEST, FL 33040	TITLE		<input type="checkbox"/> DELETE	3.1 TITLE		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		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		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		NAME			6.2 NAME		STREET ADDRESS			6.3 STREET ADDRESS		CITY-ST-ZIP			6.4 CITY-ST-ZIP	
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																													
14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0004038

CR2E034 (9/96)