FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # V33168 (8)

1. Corporation Name
ROSPO, INC.

Principal Place of Business
C/O WARREN P. GAMMILL. ESOUIRE
1101 BRICKELL AVENUE SUITE 1700
MIAMI FL 33131

Mailing Address
C/O HEIKO U OSTERCHRIST
405 E JOPPA RD
BALTIMORE MD 21286
US

3. Date Incorporated or Qualified: 04/27/1992
3a. Date of Last Report: 05/31/1995

2. Principal Place of Business
21 8 South Road
Suite, Apt. #, etc.
22
City & State
23 N Key Largo, FL
Zip 24 33037 Country 25 U.S.A.

2a. Mailing Address
26 8 South Road
Suite, Apt. #, etc.
27
City & State
28 N. Key Largo, FL
Zip 29 33037 Country 30 U.S.A.

4. FEI Number: 65-0334329 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

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

GAMMILL, WARREN P.
1101 BRICKELL AVENUE
SUITE 1700
MIAMI FL 33131

10. **Name and Address of New Registered Agent**
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	SCHIAVONE, JEAN R.	
STREET ADDRESS	33 CARDINAL LANE	
CITY-ST-ZIP	N. KEY LARGO FL	
TITLE	DV	☐ DELETE
NAME	OSTERCHRIST, HEIKO U	
STREET ADDRESS	4056 E JOPPA RD	
CITY-ST-ZIP	BALTIMORE MD	
TITLE	P	☐ DELETE
NAME	SCHIAVONE, RONALD A	
STREET ADDRESS	33 CARDINAL LANE	
CITY-ST-ZIP	N KEY LARGO FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Asst. Treasurer	☐ Change ☒ Addition
1.2 NAME	Phyllis L. Osterchrist	
1.3 STREET ADDRESS	8 South Road	
1.4 CITY-ST-ZIP	N Key Largo, FL 33037	
2.1 TITLE	Vice-President, Director	☒ Change ☐ Addition
2.2 NAME	Heiko U. Osterchrist	
2.3 STREET ADDRESS	31 Lochview Terrace	
2.4 CITY-ST-ZIP	Timonium, MD 21093	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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: Heiko U. Osterchrist As Treasurer — 4/31/96 — 305-361-4311
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #