

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90173 017 ***158.75

DOCUMENT # V63627

1. Corporation Name

B.L. ROSARIO CORPORATION, INC.

Principal Place of Business

12847 SW 62ND LN
MIAMI FL 33183

Mailing Address

12847 SW 62ND LN
MIAMI FL 33183

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/14/1992

4. FEI Number

65-0359413

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 owes the current year Intangible
Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

21 2973 W 12th AVE

Suite, Apt. #, etc.

22 City & State
23 HIALEAH, FL

24 Zip Country
33012 USA

2a. Mailing Address

26 P.O. BOX 127208

Suite, Apt. #, etc.

27 City & State
28 HIALEAH, FL

29 Zip Country
33012 USA

9. Name and Address of Current Registered Agent

ROSARIO, BRIAN L
12847 SW 62ND LN
MIAMI FL 33183

10. Name and Address of New Registered Agent

81 Name BRIAN L. ROSARIO

82 Street Address (P.O. Box Number is Not Acceptable)

16291 SW 18th ST

84 City MIRAMAR

FL 85 Zip Code 33330

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 *[Signature]* (Pres)

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 1/25/99

12. OFFICERS AND DIRECTORS

TITLE DPS
NAME ROSARIO, BRIAN L
STREET ADDRESS 12847 SW 62ND LN
CITY-ST-ZIP MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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 DPS
1.2 NAME BRIAN L. ROSARIO
1.3 STREET ADDRESS 16291 SW 18th Street
1.4 CITY-ST-ZIP MIRAMAR, FL 33330

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/99

305-885-2274

Date

Daytime Phone #

CR2E034 (1/98)