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

**PROFIT** CORPORATION

SIGNATURE:



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

	1996			Secretary of State DIVISION OF CORPORATIONS						
DOCUM	1ENT # <b>V738</b>	92	(4)							
Corporation N     GUS F	ROSE CONSTRUCTION IN	IC.								
Principal Place o	of Business	Ma	uling Address				r (d B)+ ø>têta tebenå trans verin		TI) ATAN ATAN	. Ett 61 841 61 814 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
3260 NW 17 SUITE 206 MIAMI FL 33 US	PSTH ST.		3260 NW 175 ST. SUITE 206 MIAMI FL 33065 US				Date Incorporated or Qualified     10/23/1992	3a. [	ate of Last F <b>05/01/1</b>	
2. Principal Plac	ce of Business	<u> </u>	Mailing Address			<del>.</del>	4. FEI Number 65-0366390			Applied For Not Applicable
Suite, Apt. #.	, etc.	26	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.7	5 Additional
2 City & State		27	City & State				German of States Boston     German Campaign Financing			Required  May Be
3	Country	28	Z <sub>1</sub> p	T	untry		Trust Fund Contribution  8. This corporation has liability for	r intanoibi		ed to Fees s 199.032,
Zip 24	25	29		30			Florida Statutes 🔲 Ye	es 🗹 No	)	
	9. Name and Address of Curre	nt Regis	tered Agent		81	Name	10. Name and Address of New	Register	ed Agent	
ROSE,	GUS				82		dress (P.O. Box Number is Not Accept	able)	<u> </u>	
	N.W. 2ND AVE.				83			· · -		
MIAMI	FL 33169				L				<b> 8</b> 5 Z	Zip Code
					84	<b>'</b>	oration submits this statement for the p		-L	
familiar with	h, and accept the obligations of, Se Signature speed or production correspondent agreement. OFFICERS A	chon 607.	O505, Florida Statutes ar4 hate 하다		st Age		and of directors. I hereby accept the appropriate and of directors. I hereby accept the appropriate and of directors and accept the appropriate and of directors.	 LA	E AND DIRECT	ORS IN 12
TITLE	D ~ROSE_JOHN		DELETE		TULF				☐ Change	e 🔲 Addition
NAME STREET AODRESS	8260 N.W. 175TH ST.				name Stree	LADDRESS				
CITY-ST-ZIP	·MIAMLEL -					S!-ZP				
TITLE	D Rose, Uriah		DELETE		TITLE				Change	e 🔲 Addition
NAME STREET ADDRESS	3260 NW 175 ST.				NAME STREE	T ADDRESS				
CITY - ST - ZIP	MIAMI FL 32056			•		S1 - ZIP			C Casas	Addition
TITLE			☐ DELETE		T:TLE NAME	1			☐ Change	e 🔲 Addition
NAME STREET ADDRESS						ET ADDRESS				
CITY-ST-ZIP			F1 60 676			ST-ZIP	***		Change	e Addition
TITLE			DELETE		n TITLE NAME	1			□ Cuangi	, Madioan
NAME STREET ADDRESS						FF ADDRESS				
CITY-\$1-ZIP						\$7-ZiP			Chang	e Addition
TITLE			☐ DELETE	- 1	1 TITUE NAME				[_] Orang	. [] //03/1-011
NAME STREET ADDRESS						ET ADDRESS				
CITY-ST-ZIF						ST-ZIP	4 F. F		[ ] Chang	e Addition
TITLE			DEFE 1E		1 TITLE 2 NAME	1	:			A Madical
NAME STREET ADDRESS						ET ADDRESS				
0.TH 67 710				6.4	4 City	S1-70F	***			A A 3 E
14. I do hereb certify tha oath; that appears in	by certify that the information supplied If the information indicated on this a If am an officer or director of the co in Block 12 or Block 13 if changed.	ed with this nual reportion prion and	is filing is voluntarily for ort or supplemental an or the receiver or trust ottachilient with an add	nished ar nual repo ee empov fress.	nd do it is t wered	es not qualif true and acco d to execute	ly for the exemption stated in Section urate and that my signature shall have this report as required by Chapter 607	19.07(3)(Fithe same , Florida S	y, morada sta legal effect a statutes, and	s if made under that my name

SIGNATURE AND TYPED OFFRINTED HAME OF SIGNING OFFICER OF DIRECTOR A H. AUGUSTUS ROLL 4/30/96. 620 6568.