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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

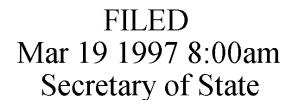
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 345426

(1)

ROMA SERVICES, INC.



Principal Place of Business Mailing Address						a lagrag livit gibbi bidit bibis libis bibis bibis bibis bibis bibis bibis bibis bibis isba			
AIRPORT ROAD P.O. BOX 427 BELLE GLADE FL 33430-04	27	P.O. 8	ORT ROAD BOX 427 E GLADE FL 33430-0427						
						3. Date Incorporated or Qualified 04/30/1969	3a. Date of Last Repo 04/30/1996	rt	
2. Principal Place of Busin	ness	2a. Ma	ailing Address			4. FEI Number	Appli	ed For	
21		26				59-1271068	Not A	Applicable	
Suite, Apt. #, etc.		27 Su	ille, Apt. #, etc.			5, Certificate of Status Desired	See Requi		
City & State		28 Cr	ty & State			Election Campaign Financing Trust Fund Contribution	\$5.00 Ma		
Zip 24	Country 25	7 ij	30	Country		8. This corporation has liability for in Florida Statutes	ntangible tax under s. 19 Yes ☐ No	99.032,	
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent			
DUBOIS, SILVI			-	81	Name		•		
505 SOUTH FI WEST PAL BE	LAGER DR STE 133 ACH FL 33401	0		82	Street Addr	ress (P.O. Box Number is Not Acceptabl	e)		
				83	3				
				84	City		FL 85 Zip Coo	de	

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.

agent. I a	m familiar with, and accept the obligations o	f, Section 607.0505, Flo	orida Statutes.	, , , , , ,		
SIGNATURE	Signature, typod or printed name of registered agent and little	I DOD A GUESTICHE IN	E: Registe ed Agent signature requi	DATE		
12.			13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1:		
TITLE	PD	DELETE	1.1 TITLE	Change Additi		
NAME	RODRIQUEZ, FRANCISCO		1.2 NAMF			
STREET ADDRESS	P.O. BOX 454,NA		1.3 STHEET ADDRESS			
CITY-ST-ZIP	BELLE GLADE FL		14 CITY-ST-ZIP			
TALE	VÕ	DELETE	2 1 TITLE	Change Additi		
NAME	DUBOIS-RODRIGUEZ, SILVIA		2.2 NAME			
STREET ADDRESS	1633 WHITEMARSH DRIVE		2.3 STREET ADDRESS	"		
CITY-ST-ZIP	WEST PALM BEACH FL		2. 4 CITY - ST - ZIP			
TITLE	STD	☐ DELETE	3.1 THTE	☐ Change ☐ Additi		
NAME	rodriquez, Pablo		3.2 NAME			
STREET ADDRESS	P.O. BOX 454,NA		3.3 STREET ADDRESS	•		
CITY-ST-ZIP	BELLE GLADE FL		3.4. CHY+ST+ZiP			
TITLE	D	☐ DELETE	4.1 TITLE	Change Additi		
NAME	RODRIGUEZ, ROBERTO		4 2 NAME			
STREET ADDRESS	4580 SOUTH SHORE		4.3 STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH FL		4.4 C/TY - \$1 - 7/P			
TITLE	D	☐ DELFTE	51 TILLE	☐ Change ☐ Additu		
NAME	RODRIGUEZ, ADRIAN		5.2 NAME			
STREET ADDRESS	4560 SOUTH SHORE		5.3 STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH FL		5.4 CITY-S1-7IP			
TITLE	D	□ DELEY /	G.1 TITLE	Change Additi		
NAME	RODRIGUEZ, CARLOS	//	6.2 NAML			
STREET ADDRESS	4560 SOUTH SHORE	- 1/	6.3 STREET ADDRESS			
DITY OF THE	WEST DAIM REAPN FI	1/	6 4 CITY C1 200			

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 finitual report or suppliemental amount report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the collocation or the receiver or torsieg empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 33/ii dhanged, or on an attachment with in address.

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