

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

FILED

**May 07 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 # P96000001505 (2)
1. Corporation Name
ROM MARKETING, INC.



Principal Place of Business Mailing Address
~~4845 NORTHWEST 7 STREET, SUITE 5-200 MIAMI FL 33126~~ ~~4845 NORTHWEST 7 STREET, SUITE 5-200 MIAMI FL 33126-2177~~

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	8260 W. 16 AVE.	26	8260 W. 16 AVE.	01/05/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
HIALEAH		HIALEAH,		65-0632699	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
FLORIDA		FLORIDA		<input type="checkbox"/>	\$5.00 May Be Added to Fees
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
24	33014	25	DADE	29	33014
24	33014	25	DADE	30	DADE

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD 343 ALMERIA AVENUE CORAL GABLES FL 33134				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	85	Zip Code
					CORAL GABLES,	FL	33134

11. Pursuant to the provisions of Section 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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *J. Padiac* DATE: 4/27/97

Signature typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE	PD	<input type="checkbox"/>	DELETE	1.1 TITLE	<input checked="" type="checkbox"/>	Change	<input type="checkbox"/>	Addition
NAME	HERRERA, REYNALDO P			1.2 NAME				
STREET ADDRESS	4845 NORTHWEST 7 STREET, SUITE 5-200			1.3 STREET ADDRESS	8260 W. 16 AVE			
CITY-ST-ZIP	MIAMI FL 33126			1.4 CITY-ST-ZIP	HIALEAH, FL 33014			
TITLE	VTD	<input type="checkbox"/>	DELETE	2.1 TITLE	<input checked="" type="checkbox"/>	Change	<input type="checkbox"/>	Addition
NAME	BELLOSO, MARIA L			2.2 NAME				
STREET ADDRESS	4845 NORTHWEST 7 STREET, SUITE 5-200			2.3 STREET ADDRESS	8260 W. 16 AVE.			
CITY-ST-ZIP	MIAMI FL 33126			2.4 CITY-ST-ZIP	HIALEAH, FL. 33014			
TITLE	VSD	<input checked="" type="checkbox"/>	DELETE	3.1 TITLE	<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
NAME	HERRERA, OTTO J			3.2 NAME				
STREET ADDRESS	4845 NORTHWEST 7 STREET, SUITE 5-200			3.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33126			3.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/>	DELETE	4.1 TITLE	<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
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	<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
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	<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
NAME				6.2 NAME				
STREET ADDRESS				6.3 STREET ADDRESS				
CITY-ST-ZIP				6.4 CITY-ST-ZIP				

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 (changed, or on an attachment with an address.

CR2E034 (9/96)