

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

\$200.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L03539** (8)

1. Corporation Name

ROMED SUPER BUFFED, INC.



Principal Place of Business

Mailing Address

**C/O ROBERTO MEDINA
130 SW 57TH AVE.
MIAMI FL 33144**

**C/O ROBERTO MEDINA
130 SW 57TH AVE.
MIAMI FL 33144**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

07/20/1989

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0146419

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

10. Name and Address of New Registered Agent

**MEDINA, ROBERTO
130 SW 57TH AVE.
MIAMI FL 33144**

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

Signature typed or printed name of signatory (if not the signatory, type name of signatory)

(If the signatory is a corporation, type the name of the corporation)

DATE

OFFICERS AND DIRECTORS

☐ DELETE

12. TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

**DP
MEDINA, ROBERTO
130 SW 57TH AVE.
MIAMI FL**

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

**ST
MEDINA, NORMA
130 SW 57TH AVE
MIAMI FL**

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

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CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☐ Addition

13. 1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY- ST- ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY- ST- ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY- ST- ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY- ST- ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY- ST- ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY- ST- ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY- ST- ZIP

29. TITLE

30. NAME

31. STREET ADDRESS

32. CITY- ST- ZIP

SIGNATURE:

Yonna Medecia

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01 / 22 / 96

DATE

(Signature of Officer or Director)

CR2E034 (12/95)