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PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P95000084847 (9)**

1. Corporation Name
ROBYMAR CORP.

Principal Place of Business	Mailing Address
4943 E. HILLSBOROUGH AVENUE SUITE B TAMPA FL 33610 US	4943 E. HILLSBOROUGH AVENUE SUITE B TAMPA FL 33610-4743 US

3. Date Incorporated or Qualified: 11/06/1995
3a. Date of Last Report: 04/01/1996

2. Principal Place of Business
21: 3630 S. 51 ST. Street
22: Suite, Apt. #, etc.
23: City & State: TAMPA, FL.
24: Zip: 33619
25: Country: US

2a. Mailing Address
26: 3630 S. 51ST Street
27: Suite, Apt. #, etc.
28: City & State: TAMPA, FL.
29: Zip: 33619
30: Country:

4. FEI Number: 65-0617518 ☐ 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

9. Name and Address of Current Registered Agent

THOMPSON, DISNEY
169 EAST FLAGLER ST.
SUITE 1527
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name: ROBERTO COMIN BADIA
82 Street Address (P.O. Box Number is Not Acceptable): 3630 S. 51ST. STREET
83:
84 City: TAMPA **FL** 85 Zip Code: 33619

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 accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [signature] Roberto Comin PRESIDENT 2-21-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COMIN-BADIA, ROBERTO 169 EAST FLAGLER ST., SUITE 1527 MIAMI FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PRESIDENT, DIRECTOR ROBERTO COMIN BADIA 3630 S. 51 ST. STREET TAMPA FL. 33617	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GONZALEZ, MARIELA 169 EAST FLAGLER ST., SUITE 1527 MIAMI FL 33131	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	TREASURE, DIRECTOR MARIELA GONZALEZ 3630 S. 51 ST. STREET TAMPA, FL. 33617	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D IZAGUIRRE, MARITZA 169 EAST FLAGLER ST., SUITE 1527 MIAMI FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	DIRECTOR MARITZA IZAGUIRRE 3630 S. 51 ST. Street TAMPA, FL. 33619	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COMIN, GLORIA 169 EAST FLAGLER ST., SUITE 1527 MIAMI FL 33131	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	DIRECTOR GLORIA COMIN 3630 S. 51 ST. Street TAMPA, FL. 33617	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/96)

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 if changed, or on an attachment with an address.

SIGNATURE: [signature] Roberto Comin Badia President 2-21-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #