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Jan 21, 1999 8:00am

Secretary of State

01-21-1999 90024 031 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 345426

1. Corporation Name

ROMA SERVICES, INC.

Principal Place of Business

AIRPORT ROAD
P.O. BOX 427
BELLE GLADE FL 33430-0427

Mailing Address

AIRPORT ROAD
P.O. BOX 427
BELLE GLADE FL 33430-0427

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/30/1969

4. FEI Number

59-1271068

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 owes the current year Intangible

Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22 City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28

Zip Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DUBOIS, SILVIA R
505 SOUTH FLAGLER DR STE 1330
WEST PAL BEACH FL 33401

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 registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME RODRIGUEZ, FRANCISCO

STREET ADDRESS P.O. BOX 454,NA

CITY-ST-ZIP BELLE GLADE FL

TITLE VD ☐ DELETE

NAME DUBOIS-RODRIGUEZ, SILVIA

STREET ADDRESS 1633 WHITEMARSH DRIVE

CITY-ST-ZIP WEST PALM BEACH FL

TITLE STD ☐ DELETE

NAME RODRIGUEZ, PABLO

STREET ADDRESS P.O. BOX 454,NA

CITY-ST-ZIP BELLE GLADE FL

TITLE D ☐ DELETE

NAME RODRIGUEZ, ROBERTO

STREET ADDRESS 4560 SOUTH SHORE

CITY-ST-ZIP WEST PALM BEACH FL

TITLE D ☐ DELETE

NAME RODRIGUEZ, ADRIAN

STREET ADDRESS 4560 SOUTH SHORE

CITY-ST-ZIP WEST PALM BEACH FL

TITLE D ☐ DELETE

NAME RODRIGUEZ, CARLOS

STREET ADDRESS 4560 SOUTH SHORE

CITY-ST-ZIP WEST PALM BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)