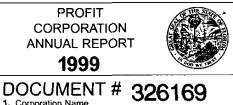
## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90028 024 \*\*\*150.00

ROMALU	CORP.						
Principal Place	e of Business	Mailing Address			-   196169 1910 11610 11616 11610 11910 11910	eil olski bierl olsk ek	teal didii addi
3631 SW 6 ST	5 61 Baomess	3631 SW 6 ST				• •	
MIAMI FL 33135 MIAMI FL 33135					DO NOT WRITE IN THIS SPACE		
						HIS SPACE	<del></del> -
					3. Date Incorporated or Qualifed 02/08/1968		
2. Dringing D	lace of Business	2a. Mailing Address			4, FEI Number	Apr	plied For
z. Frincipai Fi	lace of pusiness	26			59-1708045	, <del>   </del>	t Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.,				\$8.75 A	
22	,	27			5. Certifcate of Status Desired	Fee Red	quired '
City & State	e	City & State			6. Election Campaign Financing	\$5.00 !	May Be
23		28			Trust Fund Contribution	Added to	o Fees
Zip	Country	Zip	Country	y	8. This corporation owes the current year		
24	25	29 30	<u>)                                    </u>		Personal Property Tax.		□No
	9. Name and Address of Curren	t Registered Agent	81	Name	10. Name and Address of New Register	ed Agent	
REAL	MUD, FIDELIA				· · ·		
3631 SW 6TH STREET			82	Street Addre	ess (P.O. Box Number is Not Acceptable)	•	1
MIAMI FL 33135			83				
				1		<u> </u>	
			84	City		<b>=                                    </b>	ode
11 Pursuant	to the provisions of Sections 607 050	2 and 607.1508. Florida Statutes.	the abov	L /e-named corpo	pration submits this statement for the purpose	of changing its	registered
office or re	egistered agent, or both, in the State manifer miliar with, and accept the obligation	of Florida. Such change was autr	iorizea by	tne corporation	n's board of directors. I hereby accept the ap	pointment as reg	jistered
SIGNATURE						<u> </u>	\
	Signature, typed or printed name of registered ager	· · · · · · · · · · · · · · · · · · ·		nt signature required	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS		PS IN 12
12.	TD OFFICERS AN	D DIRECTORS  ☐ DELETE	13. 1.1 TITLE	<del></del>	ADDITIONS/GITAINGES TO GITTOETIC	Change	Addition
	TALAVERA, ROBERTO		1.2 NAME			. ·	_
NAME	12384 SW 10TH LN			TADORESS		•	
STREET ADDRESS	MIAMI, FL 00000		1.4 CITY-5		,		
CITY-ST-ZiP TITLE	VD			<u></u>		Change	☐ Addition
NAME			2.2 NAME				
STREET ADDRESS	12384 SW 10TH LN			T ADDRESS	•		
CITY-ST-ZIP	MIAMI, FL 00000		2. 4 CITY-	ST-ZIP		•	
TITLE			3.1 TITLE			Change	☐ Addition
NAME	TALAVERA, LUIS J.		3.2 NAME		•		
STREET ADDRESS	10004 0141 4073 1 1 1 1		3.3 STREE	T ADDRESS			
CITY-ST-ZIP	MIAMI, FL 00000		3.4. CITY-	ST-ZIP			
TITLE	VD	☐ DELETE	4.1 TITLE			☐ Change	☐ Addition
NAME	TALAVERA, MARIO		4. 2 NAME	:			
STREET ADDRESS	12384 SW 10TH LN		4.3 STREE	TADORESS			
CITY-ST-ZIP	MIAMI, FL 00000		4.4 CITY- S	ST-ZIP	<u> </u>		
TITLE	VD .	DELETE	5.1 TITLE			☐ Change	Addition Addition
NAME	BEAMUD, FIDELIA 3631 S.W. 6 STREET	lean Parrier	5.2 NAME	1			}
STREET ADDRESS	3631 S.W. 6 STREET	eco position		TADDRESS			
CITY-ST-ZIP	MIAMI, FL 00000		54 CITY-5			☐ Change	Addition
TITLE	SD	☐ DELETE	6.1 TITLE			Change	Addition
NAME	DIAZ BERTHA M.		6.2 NAME				
STREET ADDRESS	12384 SW 10TH LN		6.3 STREE	TADDRESS			i

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.

MIAMI, FL 00000