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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

101

| 1. Corporation Name ROMIKEL ENTERPRISES, INC. Principal Place of Business Mailing Address 12249 S.W. 14TH LANE. #1206 MIAMI FL 33184 MIAMI FL 33184-2889 | | | P1206 | | | |
|---|--|--|---|---|--|-------------------------------|
| | | | | 3. Date incorporated or Qualified 12/29/1980 | 3a. Date of Last R 08/12/1996 | eport |
| · · | al Place of Business | 2a. Mailing Address | | 4. FEI Number | AF | plied For |
| Suite A | pt #, etc. | Suite, Apt. #, etc. | | 59-2153932 | | ot Applicable |
| 22 | , , Stc. | 27 | | 5. Certificate of Status Desired | \$8.75 / Fee Re | |
| City & S | State | City & State | | 6. Election Campaign Financing | \$5.00 | |
| 23 Zip | Country | 28 Zip | Country | Trust Fund Contribution 8. This corporation has liability for | | to Fees |
| 24 | 25 | 29 | 30 | Florida Statutes | Yes No | . 100.002, |
| | 9. Name and Address of Current | Registered Agent | 81 Name | 10. Name and Address of New Re | gistered Agent | |
| | FLOR, DAVID 12249 S.W. 14TH LANE, #1206 | 4 | | 75 6 B 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | |
| | AIAMI FL 33184 | | 82 Street Add | ress (P.O. Box Number is Not Acceptat | DIE) | |
| | | | 63 | | | |
| | | | 84 City | | FL 85 Zip | Code |
| 11. Pursua office | ant to the provisions of Sections 607 0502 or registered agent, or both, in the State of I am familiar with, and accept the obliga | and 607.1508, Florida Statul | tes, the above-named corp authorized by the corpora | poration submits this statement for the patients board of directors. I hereby accept | | s registered registered |
| SIGNATUF | | rioris di, dectiori doz. 0003, Fr | onda Statutes. | | | |
| | Signature typical or printed name of registered agen | | E: Registered Agent signature requ | | DATE | C IN 12 |
| 12. 111LE | OFFICERS AND | DELETE | 13. | ADDITIONS/CHANGES TO OFFIC | Change | Addition |
| NAME | FLOR, DAVID | | 1.2 NAME | | | |
| STREET ADORE | ss 12249 SW 14TH LANE #1206 MIAMI FL | | 1.3 STREET ADDRESS | | | |
| CITY-ST-ZIP TITLE | MAMITL | DELETE | 1.4 CITY - ST - ZIP | | Change | Addition |
| NAME | | | 2.2 NAME | | | |
| STREET ADORE | ss | | 23 STREET ADDRESS | | | |
| CITY - ST - ZIP | | ☐ DELETE | 2.4 CITY-SY-ZIP 3.1 TITLE | | Change | Addition |
| TITLE NAME | | [Dereit | 3.1 THE: 3.2 NAME | | டு பெள்ழுக | L AUGIGION |
| STREET ADDRE | ss J | | 3.3 STREET ADDRESS | | | · |
| City - St - 7#P | | - Document | 3.4. CITY-ST-ZIP | | | 1 1 2 200 |
| TITLE | | DELETE | 4.1 TITLE 4. 2 NAME | | Change | Addition |
| STREET ADORE | ss | | 4.3 STREET ADDRESS | | | |
| CITY-S1-ZIP | | | 4.4 CITY - ST - ZIP | | | |
| THILE | | DELETE | 5.1 TITLE | | Change | Addition |
| NAME | | | 5.2 NAME | | | |
| STREET ADDRE | SS | | 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | | | |
| CITY - ST - 7IP THLE | | DELETE | 6.1 TITLE | | ☐ Change | Addition |
| NAME | | | 6.2 NAME | • | | |
| STREET ADDRE | 55 | | 6.3 STREET ADDRESS | <i>₹</i> • | ٠ | |
| CITY+ST-ZIP | | | 6.4 CITY-ST-ZIP | | | |
| 14. 1 do hi inform I am a | ereby certify that the information supplied lation indicated on this annual repost or sum in officer or director of the corporation or i | with this filing does not qual applemental annual report is the receiver or trustes empoy | ity for the exemption state true and accurate and that vered to execute this repo | d in Section 119.07(3)(i), Florida Statute it my signature shall have the same lega ort as required by Chapter 607, Florida S | is. I further certify that al effect as if made un Statutes; and that my r | tne der oath; that name |

SIGNATURE:

appears in Block 12 or Block 13 if

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

May 05 1997 8:00am

Secretary of State