


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

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**Mar 11 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F88101 (3)

1. Corporation Name
ROBERT A. ROMAGNA, P.A.



DO NOT WRITE IN THIS SPACE

Principal Place of Business % ROBERT A. ROMAGNA 2050 CORAL WAY, STE 602 MIAMI FL 33145	Mailing Address P.O. BOX 453505 2050 CORAL WAY, STE 602 MIAMI FL 33245-3505 US
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3. Date Incorporated or Qualified
07/08/1982

2. Principal Place of Business 21 782 N.W. 42 AVENUE Suite, Apt. #, etc. 22 SUITE 345 City & State 23 MIAMI, FL Zip 24 33126	2a. Mailing Address 26 782 N.W. 42 AVENUE Suite, Apt. #, etc. 27 SUITE 345 City & State 28 MIAMI, FL Zip 29 33126	Country 25 USA	Country 30 USA
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4. FEI Number 59-1979364	Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**ROMAGNA, ROBERT A
2050 CORAL WAY, STE 602
MIAMI FL 33145**

10. Name and Address of New Registered Agent

81 Name ROBERT A. ROMAGNA
82 Street Address (P.O. Box Number is Not Acceptable) 782 N.W. 42 AVENUE
83 SUITE 345
84 City MIAMI
85 Zip Code FL 33126

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  **PRESIDENT/RESIDENT AGENT** DATE **3/5/98**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ROMAGNA, ROBERT A	
STREET ADDRESS	2050 CORAL WAY, STE 602	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE  **ROBERT A. ROMAGNA** DATE **3/5/98** (305) 541-4444

CR2E034 (10/97)