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

**PR②FIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90036 045 \*\*\*150.00

i. Curpuradon	MENT # F88101 A. ROMAGNA, P.A.	l			   			
Principal Place of Business Mailing Address						Alian ilas lasas sacas sens datas sens	BIBIL BIĞIN BIBIL B	0   6:51/ 1001
782 NW 42ND A								
SUITE 345		SUITE 345				DO NOT WRITE IN TH	S SPACE	
MIAMI FL 33126 US	3	MIAMI FL 33126 US			3 Date In	corporated or Qualifed	O OI NOL	
US		00			07/08	•		
2 Principal Pl	ace of Business	2a. Mailing Address			4. FEI Nui		Ap	plied For
21		26			59-16	79364	No	t Applicable
Suite, Apt. 1	#, etc.	Suite, Apt. #, etc.	-			te of Status Desired	\$8.75 A	Additional
22		27			5. Certifica	fe of Status pasiled	Fee Re	quired
City & State	e	City & State			6. Election	Campaign Financing	\$5.00	
23		28				and Contribution	Added t	o Fees
Zip	Country	Zip	Country		1 -	rporation owes the current year for		EPAL.
24	25	29	30			al Property Tax.	Yes	₩No
	9. Name and Address of Curre	ent Registered Agent	81 1	Name	10. Name	and Address of New Registere	Agent	
DOM.	IAGNA POREDT A		"  '	Name				
ROMAGNA, ROBERT A 782 NW 42ND AVE			82 5	Street /	Address (P.O. Box	Number is Not Acceptable)		
SUITE 345			83					
MIAMI FL 33126								
1410-414			84 (	City		F	85 Zip (	Code
office or re	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	a of Florida. Such change was ai	ithorized by the	amed e corpo	corporation submit oration's board of d	s this statement for the purpose of frectors. I hereby accept the app	of changing its pintment as re	registered gistered
SIGNATURE	Signature, typed or printed name of recistered ag			gnature n	equired when reinstating)	DATE		
	Signature, typed or printed name of registered ag			gnature n	equired when reinstating)	DATE NS/CHANGES TO OFFICERS A		PRS IN 12
SIGNATURE  12.  TITLE	OFFICERS A	gent and title if applicable. (NOTE:	Registered Agent si	gnature n	ADDITIO	NS/CHANGES TO OFFICERS A	ND DIRECTO	ORS IN 12
12.	OFFICERS A	pent and title if applicable. (NOTE:	Registered Agent signal  13.  1.1 TITLE  1.2 NAME	-	ADDRESS	NS/CHANGES TO OFFICERS A		
12.	OFFICERS A PD ROMAGNA, ROBERT A	gent and title if applicable. (NOTE: ND DIRECTORS	Registered Agent signal  13.  1.1 TITLE  1.2 NAME	DDRESS	ADDRESS 782 NW 4	NS/CHANGES TO OFFICERS A CHANGE ONLY 2 AVENUE, #345		
12. TITLE NAME STREET ADDRESS	OFFICERS A PD ROMAGNA, ROBERT A 2050: ROPAL WAY: STE-682X	gent and title if applicable. (NOTE: ND DIRECTORS	Registered Agent signal  13.  1.1 TITLE  1.2 NAME	DDRESS	ADDRESS	NS/CHANGES TO OFFICERS A CHANGE ONLY 2 AVENUE, #345		Addition
12. TITLE NAME	OFFICERS A PD ROMAGNA, ROBERT A	gent and title if applicable. (NOTE: ND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET AE	DDRESS	ADDRESS 782 NW 4	NS/CHANGES TO OFFICERS A CHANGE ONLY 2 AVENUE, #345		
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12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS A PD ROMAGNA, ROBERT A 2050: ROPAL WAY: STE-682X	pent and title if applicable. (NOTE:  ND DIRECTORS  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET AD 1.4 CITY-ST-Z 2.1 TITLE	ODRESS (IP	ADDRESS 782 NW 4	NS/CHANGES TO OFFICERS A CHANGE ONLY 2 AVENUE, #345	X Change	Addition
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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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR