

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

FILED

Apr 04 1997 8:00am  
Secretary of StatePROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F95258 (2)

1. Corporation Name:

ROME INSURANCE CONSULTANTS, INC.



Principal Place of Business:

9100 S DADLAND BLVD  
SUITE 512  
MIAMI FL 33156  
US

Mailing Address:

9100 S DADELAND BLVD  
SUITE 512  
MIAMI FL 33156-7814  
US

3. Date Incorporated or Qualified

08/05/1982

3a. Date of Last Report

07/26/1996

4. FEI Number

59-2209218

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐ \$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City &amp; State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City &amp; State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

GONZALEZ, ALFREDO L  
2601 S. BAYSHORE DR., SUITE 1600  
MIAMI FL 33131

10. Name and Address of New Registered Agent

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 required in person by name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PT ☐ DELETE  
NAME MESA, RICHARD L  
STREET ADDRESS 9100 S DADELAND BLVD #1603  
CITY- ST- ZIP MIAMI FLTITLE VS ☐ DELETE  
NAME MESA, MARTHA  
STREET ADDRESS 14223 SW 62 STREET  
CITY- ST- ZIP MIAMI FLTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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 do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/97

Date

670-9876

Daytime Phone #

CR2E034 (9/96)