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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G16290

ALBERTO ROMEU STUDIO, INC.

(0)

FILED Apr 29 1997 8:00am Secretary of State

 	11818 81118 11811		1 8 1811 118	

Principal Place of Business		Mailing Address	Mailing Address			A INDRIVE BODY (INTR-BILLD ISSUE DAIL DAIL DIDLE GIRLI MINTERSE BANK) DIRECTOR			
1890 SW 57TH AVE., SUITE 111 MIAMI FL 33155		1890 SW 57TH AVE MIAMI FL 33155-2164	1890 SW 57TH AVE., SUITE 111						
MIMMI PL 9313	13	MIMMI FE 33133-2104							
						3. Date Incorporated or Qualified 12/07/1982		e of Last R 8/1996	Report
2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address			4. FEI Number	J.,	Ap	oplied For
21		26				59-2240541 Not Applic			ot Applicable
Suite, Apt.	#, etc.	Suite. Apt. #, etc.	Suite. Apt. #, etc.			5. Certificate of Status Desired			Additional
22		27				O. Octanodic of Oldress Essential		Fee Re	equired
City & State	e	City & State				6. Election Campaign Financing			May Be
Zip	Country	[28]				Trust Fund Contribution	<u> 니</u>		to Fees
-	— ´	Zip		untry		8. This corporation has liability for in		.ax unders 1 No	. 199.032,
24	25 9. Name and Address of Curren	29 29 Agent	30	т—		Florida Statutes 10. Name and Address of New Reg		3	
PON	MEU, ALBERTO			81	Name	(U. Name and Address of New York	patoreu A	gent	
	SW 57TH AVE., SUITE 111								
	MI FL 33155			82 Street Addr		ess (P.O. Box Number is Not Acceptab	e)		
WHITE	MI 1 E 00 100			83	·				
				84	City		FL	85 Zip	Code
office or re	to the provisions of Sections 607,050 egistered agent, or both, in the State m familiar with, and accept the obligations.	∈of Florida. Such change v	vas authorize	ed by	the corporati	poration submits this statement for the plion's board of directors. I hereby accept	rroose of	thanging it intment as	ts registered registered
SIGNATURE	Signature, typed or printed name of registered age					ed whose reinstating)	DATE		
12.	OFFICE HS ANI		13.		The Sign-Active Tedulin	ADDITIONS/CHANGES TO OFFICE		DIRECTOR	RS IN 12
TATLE	PD	DELETE				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Change	Addition
NAME	Romeu, Alberto		1.2 N	AME				•	
STREET ADDRESS 6126 SW 127TH PLACE			1.3 STREET ADDRESS		ADDRESS				
CITY-ST-ZIP	MIAMI FL			IIY-S					
TITLE	SD	☐ DELETE						Change	Addition
NAME	ROMEU, CRISTINA		2.2 NAME						
STREET ADDRESS	6126 SW 127TH PLACE		2.3 STREET ADDRESS		ADDRESS				
CITY-ST-ZIP	MIAMI FL				S1 - 7(P				
TITLE	VP	DELETE						Change	Addition
NAME	GONZALEZ, FERNANDO		321	AME					
STREET ADDRESS	9454 SW 77TH AVE., #S-7		338	TREET	ADDRESS				
CITY-ST-ZIP	MIAMI FL			ony-s					
TITLE	1	DOLETE						Change	roitibbA
NAME	GONZALEZ, OFELIA		4.21	MAME					
STREET ADDRESS	9454 SW 77TH AVE., #S-7		4.3 S	TREE 1	ADDRESS				
CITY-ST-ZIP	MIAMI FL		4.4 0	aty - S	1 - 20P				
TITLE	М	DETELE	5.1 1	ITLE				Change	Addition
NAME	ROMEU, PATRICIA		5.2 N	AME					
STREET ADDRESS	6126 SW 127TH PLACE		5.3 \$	TREET	ADÖRESS				
CITY-ST-ZIP	MIAMI FL		5.4 0	ITY-S	1- <i>ZI</i> P				
TITLE		☐ DEL E IE	617	IILE				Change	Addition
NAME			6.2 N	AMÉ					
STREET ADDRESS			6.3 S	1REE1	ADDRESS				
CITY-ST-ZIP			6.4 0	11Y - S	T - 71P				

14. I do hereby certify that the information supplied with this filling 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 eath; 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 TOURS

AME 31 - POT (305) 31-1-3580