

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 10, 1999 8:00 am  
Secretary of State

05-10-1999 90009 029 \*\*\*150.00

DOCUMENT # G16290

1. Corporation Name

ALBERTO ROMEU STUDIO, INC.

Principal Place of Business  
1890 SW 57TH AVE., SUITE 111  
MIAMI FL 33155

Mailing Address  
1890 SW 57TH AVE., SUITE 111  
MIAMI FL 33155

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/07/1982

4. FEI Number

59-2240541

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution



\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

ROMEU, ALBERTO  
1890 SW 57TH AVE., SUITE 111  
MIAMI FL 33155

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME ROMEU, ALBERTO  
STREET ADDRESS 6126 SW 127TH PLACE  
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE SD  
NAME ROMEU, CRISTINA  
STREET ADDRESS 6126 SW 127TH PLACE  
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE VP  
NAME GONZALEZ, FERNANDO  
STREET ADDRESS 9454 SW 77TH AVE., #S-7  
CITY-ST-ZIP MIAMI FL

☒ DELETE

TITLE T  
NAME GONZALEZ, OFELIA  
STREET ADDRESS 9454 SW 77TH AVE., #S-7  
CITY-ST-ZIP MIAMI FL

☒ DELETE

TITLE M  
NAME ROMEU, PATRICIA  
STREET ADDRESS 6126 SW 127TH PLACE  
CITY-ST-ZIP MIAMI FL

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

VP

PATRICIA ROMEU

6126 SW 127 PLACE

MIAMI FL 33183

☐ Change

☒ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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:

*Patricia ROMEU*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PATRICIA ROMEU

4/27/99

Date

(305) 266-3532

Daytime Phone #

CR2E034 (11/98)