

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morahan,
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G48569** (9)

1. Corporation Name:

ROMO INTERNATIONAL CARGO, INC.

Principal Place of Business

Mailing Address

**7360 NW 35TH ST
MIAMI FL 33122
US**

**7360 NW 35TH ST
MIAMI FL 33122
US**



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

**TRIBIN, HUGO
251 CRANDON BLVD. #326 PHASE #2
KEY BISCAYNE FL 33149**

3. Date Incorporated or Qualified

07/13/1983

3a. Date of Last Report

03/08/1995

4. FEI Number

59-2360532

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

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 of Registered Agent (if different from the corporation)

(If the Registered Agent is not required when operating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE

NAME
**PD
TRIBIN, HUGO
251 CRANDON BLVD #326
KEY BISCAYNE FL**

1.2 TITLE ☐ DELETE

NAME
**S
TRIBIN, PILAR
251 CRANDON BLVD #326
KEY BISCAYNE FL**

1.3 TITLE ☐ DELETE

NAME
**NAME
STREET ADDRESS
CITY, ST, ZIP**

1.4 TITLE ☐ DELETE

NAME
**NAME
STREET ADDRESS
CITY, ST, ZIP**

1.5 TITLE ☐ DELETE

NAME
**NAME
STREET ADDRESS
CITY, ST, ZIP**

1.6 TITLE ☐ DELETE

NAME
**NAME
STREET ADDRESS
CITY, ST, ZIP**

1.7 TITLE ☐ DELETE

NAME
**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

**100001726531
-02/28/96--01053--004
***208.75**

14. I do hereby certify that the information furnished with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

HUGO TRIBIN, President

1/18/96 (305) 591-4135

Date Daytime Phone #

2-27-96 SG