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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # ROMITA, INC.

(5)

FILED Apr 01 1998 8:00am Secretary of State



Principal Place of Business Mailing Address							
POST OFFICE BOX 680527 POST OFFICE BOX 660527							
MIAMI SPRINGS FL 33266			MIAMI SPRINGS FL 332	MIAMI SPRINGS FL 33266		DO NOT WRITE IN THIS SPACE	
ŀ						3. Date Incorporated or Qualified	AUE
ŀ						08/22/1983	
2.	Principal Pr	ace of Business	2a. Mailing Address			4. FEI Number	Applied For
21			26			23-0824381	Not Applicable
	Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional	
22			27			o. Certificate of Status Desired	Fee Required
	_ '		City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23			28			Trust Fund Contribution	Added to Fees
Ь	Zip	Country	Zip	Country	<i>'</i>	8. This corporation owes or has paid the curre	
24		25	29	30			Yes No
├—	1/4	9. Name and Address of C	urrent Registered Agent	81	Name	10. Name and Address of New Registered Ag	jent
		LDES, JULIO M.		יס	Name		
1210 NIGHTINGALE AVE. MIAMI SPRINGS FL 33166				82	82 Street Address (P.O. Box Number is Not Acceptable)		
MIAMI OTNITOS EL 33 100				63			
				84	City	P 1	85 Zip Code
L.					<u>L.</u>	FL FL	<u> </u>
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 human of registered agrint and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE							
12. OF FICE RS AND DIRECTORS				13.	ent signature rei	ADDITIONS/CHANGES TO OFFICERS AND D	DIRECTORS IN 12
TITI		D	DELETE	1.1 TITLE	———		Change Addition
NAI		VALDES, JULIO ML		1.2 NAME			
ı	STREET ADDRESS 1210 NIGHTINGALE AVE.		1.	1.3 STREET ADDRESS			
1	Y-ST-ZIP	MIAMI SPRINGS FL					
TIT	11-Q1-En		DELETE	1.4 CITY-ST-ZIP 2.1 TITLE			Change Addition
NA		CHAVEZ-VALDES, DANIA	_	2.2 NAME			
1	EET ADDRESS	1210 NIGHTINGALE AVE		2.3 STREE	ADDRESS		
	Y-ST-ZIP	MIAMI SPRINGS FL		2. 4 CITY-			
TIT		D	DELETE	3.1 TITLE			Change Addition
NA)	ME	CHAVEZ, ANGEL MANUI		3.2 NAME			
STE	EET ADORESS	1210 NIGHTINGALE AVE		3.3 STREET	ADDRESS		
CIT	Y-ST-ZIP	MIAMI SPRINGS FL		3.4. CITY -	ST-ZIP		
FIT			DELETE	4.1 TITLE			Change Addition
NA.	Æ.			4. 2 NAME			
STF	EET ADDRESS			4.3 STREE	ADDRESS		
СІТ	Y-\$1-21P			4.4 CITY -	ST-ZIP		
TITLE			☐ DELETE	5.1 TITLE			Change Addition
N	ME			5.2 NAME			
STF	EET ADDRESS			5.3 STREET	ADDRESS		
CIT	Y-\$1-21P			5.4 CITY-1	ST-ZIP		
TIT			☐ DEL€TE	6.1 TITLE			Change Addition
NA	ME			6.2 NAME			
STE	EET ADDRESS			6.3 STREET	ADDRESS		
1 -				6.4 CITY-			

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 chapted, or or an affectment with an address.

M. VALDES JULIO