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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **H00961** **(3)**

1. Corporation Name

ROMACA MANAGEMENT CORP.

Principal Place of Business	Mailing Address
ATTN: SOVEREIGN CAPITAL GROUP 2333 PONCE DE LEON BLVD SUITE 1110 CORAL GABLES FL 33134	ATTN: SOVEREIGN CAPITAL GROUP 2333 PONCE DE LEON BLVD SUITE 1110 CORAL GABLES FL 33134

3. Date Incorporated or Qualified: 04/23/1984
3a. Date of Last Report: 08/08/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 59-2396088	☐ Applied For ☐ Not Applicable
21 7128 S.E. Rivers Edge Rd	26 7128 S.E. Rivers Edge Rd.		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23 JUPITER, Fl.	City & State 28 JUPITER, Fl.	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24 33458 Country 25 U.S.A	Zip 29 33458 Country 30 U.S.A.	8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

VERGARA, MANUEL F.
ATTN: SOVEREIGN CAPITAL GROUP
2333 PONCE DE LEON BLVD SUITE 1110
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name: VERGARA CARLOS M.
82 Street Address (P.O. Box Number is Not Acceptable): 7128 S.E. Rivers EDGE RD.
83
84 City: JUPITER FL 85 Zip Code: 33458

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: CARLOS Vergara 4-23-96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ERGARA, ROSA B. 2333 PONCE DE LEON BLVD CORAL GABLES FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PD VERGARA, ROSA B. 7128 S.E. RIVERS EDGE RD. JUPITER, Fl. 33458	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V VERGARA, CARLOS M. 2333 PONCE DE LEON BLVD CORAL GABLES FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VTD VERGARA CARLOS M. 7128 S.E. RIVERS EDGE RD. JUPITER, Fl. 33458	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	VD VERGARA MANUEL JR. 7128 S.E. RIVERS EDGE RD. JUPITER, Fl. 33458	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

14. I do hereby certify that the information supplied 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: 4-23-96 407-745-1826
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #