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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B, Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H00961

(3)

ROMACA MANAGEMENT CORP.

FILED May 02 1997 8:00am Secretary of State

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	ce of Business	Mailing Address				n immende mite Mikkers markin einelm datab beiter			() = (=).
	ers edge RD. De Leon Blyd Suite 1110 13458	7128 SE RIVERS ED 2333 PONCE DE LEC JUPITER FL 33458-10	on blyd suiti	E 11	10				_
US		US			3. Date Incorporated or Qualified 04/23/1984	te of Last Report)1/1996			
2. Principal F 21	Place of Business	2a. Mailing Address	}			4. FEI Number 59-2396088			Applied For Not Applicable
Suite, Apt	#, etc	Suite, Apl. #, etc	5.	-		Certificate of Status Desired		\$8.75	Additional
City & Sta		City & State							Required
	ne	28				6. Election Campaign Financing Trust Fund Contribution	П		D May Be I to Fees
2ip	Country	Zip	Cou	untry		8. This corporation has liability for			
4	25	29	30	·			Yes [g. 150.002.
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Re	gistered A	gent	
VEI	RDGARA, CARLOS M.			81	Name				
	28 SE RIVERS EDGE RD.			82	Street Addre	dress (P.O. Box Number is Not Acceptable)			
	33 PONCE DE LEON BLVD SUITE	<u> </u>							
JUI	PITER FL 33458			83					
				84	City	**************************************		85 Zip	Code
				لــــــــــــــــــــــــــــــــــــــ	<u></u>	oration submits this statement for the p	FL	<u> </u>	
SIGNATURE	Signature Typerf or printed name of registered ag			d Age	eni signature require	ed when reinstating)	DATE	DIDECTO	
12.	OFFICERS AN	ID DIRECTORS DELET	13. [E 1,1 T)	TI E		ADDITIONS/CHANGES TO OFFIC		Change	
TITLE Name	VERGARA, ROSA B.	LJ DELET	1.2 N					Onange	L.J ROGINO
name Strelt address	THAN OF DISERSE FROM FROM				ADDRESS				
OTY-ST-ZIP	JUPITER FL 33458			ITY-S					
TITLE	VTD	DELET			1 2 1		T	Change	Additio
NAME	VERGARA, CARLOS M.		2.2 N	IAME	1				
STREET ADDRESS			- 1						
	ILIDITED EL 004E0		2.3 \$	TREET	ADDRESS				
CITY-ST-ZIP	JUPITER FL 33458	·			ADDRESS St-zip	<u>'</u>			
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4. I do 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 arinual 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 12 if the property of the corporation or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

4-25-57

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