## 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 # K56283

(0)

ROMI INVESTMENTS, INC.

## **FILED** Apr 14 1997 8:00am Secretary of State



| Principal Place<br>% BRUNO GAF<br>580 W. 201H S<br>HIALEAH FL 33 | RCIA<br>ST                  | Mailing Address<br>% Bruno Garcia<br>580 W. 20Th ST<br>HIALEAH FL 33010-2427   | NUNO GARCIA<br>N. 20TH ST |              |   | 3. Date Incorporated or Qualified 3a. Date of Last Report |                             |                                |  |
|--|-----------------------------|--|---------------------------|--------------|---|---|-----------------------------|--------------------------------|--|
|  |                             |  |                           |              | 01/06/1989  |   | /15/1996                    |                                |  |
| 2. Principal P   | race of Business            | 2a. Mailing Address 26   |                           |              | 4. FEI Number<br>65-0096257                           |   | ————                        | Applied For<br>Not Applicable  |  |
| Suite, Apt   | #, etc                      | Suite, Apt. #, etc.  |                           |              | 5. Certificate of Status Desired                      |   |                             | Additional<br>Required         |  |
| City & Stat  | f*                          | City & State   | City & State              |              |   | <u> </u>  | \$5.00 May Be Added to Fees |                                |  |
| - Ziβi<br>Ti   | Count                       | i haven  | Counti                    | ry           | 8. This corporation has liability                     | or intangibl  |                             | s. 199.032,                    |  |
| <u> </u>   | 9 Name and Addr             | 29     ;<br>ess of Current Registered Agent  | 30                        |              | Florida Statutes  10. Name and Address of New         |   |                             |                                |  |
| GAR  | ICIA, BRUNO                 | oss or our registered right.   | В                         | 1 Name       |   | 110810100   | 7180111                     |                                |  |
| 580  | W. 20TH ST<br>LEAH FL 33010 |  | 8:                        |              | t Address (P.O. Box Number is Not Accep               | table)  |                             |                                |  |
|  |                             | •  | 8                         | 4 City       |   | FI  | <b>85</b> Zip               | Code                           |  |
| 11. Pursuant<br>office or r<br>agent La<br>SIGNATURE             | ini familiar with, and ab   | ctions 607.0502 and 607.1508, Florida Statute<br>In, in the State of Florida. Such change was at<br>scept the obligations of, Section 607.0505, Flor | rida Statute              | es.          |   |   | of changing<br>pointment a  | its registered<br>s registered |  |
| 12.  |                             | me of registered agent and title if applicable (NOTE: OFFICERS AND DIRECTORS   | 13.                       | gent signatu | re required when reinstating) ADDITIONS/CHANGES TO OF | DATE<br>FICERS AN   | ID DIRECTO                  | DRS IN 12                      |  |
| TITLE  | D                           | DELETE   | 1.1 TITLE                 |              |   |   | ☐ Change                    |                                |  |
| AMi  | GARCIA, BRUNO               |  | 1.2 NAME                  | Ë            |   |   |                             |                                |  |
| TREET ADDRESS  | 580 W. 20TH ST              |  | 1.3 STRE                  | et address   | •   |   |                             |                                |  |
| DTY - ST - ZIP   | HIALEAH FL                  |  | 1.4 CITY                  | - ST- ZIP    |   |   |                             |                                |  |
| II.F   |                             | DELETE   | 21 TITLE                  |              |   |   | Change                      | Additi                         |  |
| AME  |                             |  | 22 NAMI                   | F            |   |   |                             |                                |  |
| STREET ADDRESS   |                             |  | 2 3 STAE                  | et address   |   |   |                             |                                |  |
| 31Y-\$1-76   |                             |  | 2 4 CITY                  | -ST-ZIP      |   |   |                             |                                |  |
| TILF   |                             | DELETE   | 3.1 TITLE                 |              |   |   | ☐ Change                    | Additi Additi                  |  |
| NAME   |                             |  | 3.2 NAM                   |              |   |   |                             |                                |  |
| STREET ADDIRESS  |                             |  |                           | ET ADDRESS   |   |   |                             |                                |  |
| aty-st zip   |                             | - Danes  | 3.4. CITY                 |              | <u> </u>  |   | F 1 05                      | <b></b>                        |  |
| TILE   |                             | DELETE   | 4.1 TITLE                 |              |   |   | Change                      | e L Additi                     |  |
| NAME   |                             |  | 4. 2 NAM                  | -            |   |   |                             |                                |  |
| STREET ADDRESS   |                             |  | 1                         | ET ADDRESS   | ·   |   |                             |                                |  |
| CHTY - ST - ZIF  |                             | DELETE   | 4.4 CITY                  |              |   |   | Change                      | Additi                         |  |
| THE  |                             | L DECEIE   | 5.1 TITLE                 |              |   |   | TT rands                    | L MUUIII                       |  |
| NAME:  | ļ                           |  | 5.2 NAM                   |              |   |   |                             |                                |  |
| STREET LADORESS  |                             |  |                           | E1 ADDRESS   |   |   |                             |                                |  |
| DITY - \$1 - ZIP   |                             | Flagure  | 5.4 CITY                  |              |   |   | Change                      | Laste                          |  |
| FILE   |                             | DEFELE   | 6 1 TITLE                 |              |   |   | Light Change                | Addilio                        |  |
| NAME   |                             |  | 62 NAM                    |              |   |   |                             |                                |  |
| STREET AUDRESS   |                             |  |                           | ET ADDRESS   | ·   |   |                             |                                |  |
| C(1Y+ST-Z))  |                             |  | 6.4 CITY                  | - ST - ZIP   | <u> </u>  |   |                             |                                |  |

14. 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 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 of fustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charged, or on an attachment with an address.