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

PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham FILED ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 98 NOV 30 PM 1: 03 DOCUMENT # (5)SECRETARY OF STATE TALLAHASSEE, FLORIDA ROMIST TRADING CORPORATION Principal Place of Business Mailing Address 4936 SHERIDAN ST. 4936 SHERIDAN ST. HOLLYWOOD FL 33021 HOLLYWOOD FL 33021 3. Date Incorporated or Qualified 02/22/1989 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0138489 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt, #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Zip Country Zip 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes NO NA 24 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent CHARITON, ELLEN 81 Name 4936 SHERIDAN ST. 82 Street ceptable) HOLLYWOOD FL 33021 RIdan 83 Zip Code **3302**/ 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. NOV. 25, 1998 SIGNATURE ature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12, 13. 700002704037-U -12/04/38--01113--019 DELETE 1.1 TITLE TITLE STEEN, MAURICE S 1.2 NAME NAME 4936 SHERIDAN STREET 1.3 STREET ADDRESS STREET ADDRESS ****758.75 ****758.75 HOLLYWOOD FL 33021 1.4 CITY - ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE STEEN, MICAHEL R. NAME 2.2 NAME 1320 NE 103RD STREET STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 2. 4 CITY - ST-ZIP DELETE Change Addition TITLE 3.1 TITLE STEEN, ROBERTA C. NAME 3.2 NAME 1650 NE 115 STREET STREET ADDRESS 3.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS **53 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY-ST-ZIP ☐ DELETE Спапое Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information inclicated 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. NOVEMBER 25 MG8 (954)963-488