

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Suzanne H. Northman
Secretary of State
Tallahassee, Florida 32399-0001
Phone: 904-488-2000

**APPROVED
AND
FILED**

DOCUMENT # L03539 (8)

95 MAY -1 AM 4:33

ROMED SUPER BUFFED, INC.

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

| | | | | | |
|--|---------------------|--|--------------------------------|--|-------------------------|
| 1. Previous Fiscal Year(s) | | 2a. Mailing Address | | 3. Date of Incorporation/Qualification | 3a. Date of Last Report |
| C/O ROBERTO MEDINA 130 SW 57TH AVE. MIAMI FL 33144 | | C/O ROBERTO MEDINA 130 SW 57TH AVE. MIAMI FL 33144 | | 07/20/1989 | 08/17/1994 |
| 2. Incorporation/Qualification | 2a. Mailing Address | 4. Filing Number | Applied For | | |
| 21 | 26 | 65-0146419 | Not Applicable | | |
| State: April 1995 | State: April 1995 | 5. Certificate of Status Desired | \$8.75 Additional Fee Required | | |
| 22 | 27 | <input type="checkbox"/> | 5.00 May Be Added to Fees | | |
| CA: N/A State | CA: N/A State | 6. Executive Campaign Financing Trust Fund Contribution | <input type="checkbox"/> | | |
| 23 | 28 | 6. This corporation has liability for intangible tax under Florida Statutes: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| 24 | 25 | 29 | 30 | | |

| | | | | | | | |
|---|--|--|--|--|--|----|----------|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| MEDINA, ROBERTO 130 SW 57TH AVE. MIAMI FL 33144 | | | | 81 | Name | | |
| | | | | 82 | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | | 83 | City | | |
| | | | | 84 | FL | 85 | Zip Code |

11. Pursuant to the provisions of sections 607.021, 607.022 and 607.023, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent to 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 understand the Statutes of Florida, Chapter 607.

SIGNATURE: *Roberto Medina S.*

| | | | |
|----------------------------|---|--|---|
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS | |
| 1. NAME | DP MEDINA, ROBERTO 130 SW 57TH AVE. MIAMI FL | 1. NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. STREET ADDRESS | ST MEDINA, NORMA 130 SW 57TH AVE MIAMI FL | 2. NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3. CITY | | 3. NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4. NAME | | 4. NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5. STREET ADDRESS | | 5. NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6. CITY | | 6. NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 7. NAME | | 7. NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 8. STREET ADDRESS | | 8. NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 9. CITY | | 9. NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and true and correct, for the exceptions stated in sections 607.021, 607.022, Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and correct and that my signature shall have the same legal effect and that no other effects that may be effective on behalf of the corporation or the officer or director represented by me on this report as reported by Chapter 607, Florida Statutes, and that my name appears as listed on this report if it is changed or on any other document with an address.

SIGNATURE: *Roberto Medina S.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/95