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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # L11173

(6)

ROMEL	L INTERNATIONAL CORPO	DRATION					
Principal Pla	ce of Business	Mailing Address			T THE STATE OF STATE WERE THE STATE OF	I MIANI MEMER KAMIN DIBUT	Broti Bibli 1901
4700 NW 7 ST		4700 N.W. 7TH STREET	4700 N.W. 7TH STREET			•	
#245 MIAMI FL 33126		245 MANUEL 924 90, 2252	245 Miami Fl. 33126-2252 US				
					3. Date Incorporated or Qualified 3a. Date of Last Repo		ast Report
					08/24/1989	04/08/199	36
2. Principal	Prace of Business	2a, Mailing Address			4. FEI Number	L	Applied For
21		26	\$ J		65-0139355		Not Applicable
hans y		Suite, Apt. #, etc.	te, Apt. #, etc.		5. Certificate of Status Desired		75 Additional
27						/	e Required
City & State		City & State		6. Election Campaign Financing		.00 May Be	
23 Zip	Country	28 Zip	Country		Trust Fund Contribution 8. This corporation has liability for		ded to Fees
24	25	29	30			Nes No	161 S. 189.U3Z.
. <u></u> L	9. Name and Address of Cur		100		10. Name and Address of New F		······································
RO	MERO, ALFONSO		81	Name			
	00 NW 7 ST		82	Street Add	fress (P.O. Box Number is Not Accepta	hle)	
#245				0110017100	Too (
MIAMI FL 33126			83				
			84	City		85	Zip Code
				•		FL	,
agent. I SIGNATURE	Standor typed or proted cause of registered				poration submits this statement for the ation's board of directors. I hereby acceuted when reinstating) ADDITIONS/CHANGES TO OFFI	DATE	
HILE	PD	☐ DELETE	1.1 TITLE				inge 🔲 Addition
NAME	ROMERO, ALFONSO		1.2 NAME				
STREET ADDRESS			1.3 STREET	ADDRESS			
CHY-ST ZIF	MIAMI FL	DELETE	1.4 City-S	T-ZIP		Cha	inge Addition
THE			2.1 TITLE	ĺ		L Cria	inge [T] Vonition
NAME S Mar C ADSOCRATE	. \	•	2.2 NAME	*DDDCCC			
STREET ADDRESS	`		2.3 STREET 2. 4 CITY - 3				
TITLE		DELETE	3.1 THILE	Si Eu		Cha	ange Addition
NAME			3.2 NAME				
STREET ADDRESS	γ		3.3 STREET	ADDRESS			
CITY - ST - ZIP			3.4. CITY - S	ST-ZIP			
TELE		DELETE	4.1 TITLE			Cha	ange Addition
NAME			4. 2 NAME				
STREET ADDRESS	5		4.3 STREET	ADDRESS			
C-TY - S1 - ZIF		TT BELEFA	4.4 CITY-S	iT-ZIP		F7	The street
TaTLE		☐ DELETE	5 1 TITLE			Cha	ange 🔲 Addition
VYW			5 2 NAME				
STREET ADDRESS			5.3 STREET				
City - S1 - ZIP TIRE		☐ DELETE	5.4 CITY-S 6.1 TITLE	11-ZIP		☐ Cha	ange Addition
NAMÉ		had becall	6.2 NAME	1		<u></u> 0//0	
STREET ADDRESS			6.3 STREET	ADDRESS			
SOUTH LANGUE DE	···		0.5 SINCE	ADDITION .			

14. Lido 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 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 the an attachment with an address.

SIGNATURE:

ROUE RO ALFONSO 3/10/17 (305)477-2110

FILED

May 02 1997 8:00am

Secretary of State