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

FILED PROFIT Feb 27 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS **DOCUMENT** # (6)L11173 **ROMELL INTERNATIONAL CORPORATION** Principal Place of Business Mailing Address 4700 NW 7 ST 4700 N.W. 7TH STREET DO NOT WRITE IN THIS SPACE MIAMI FL 33126 MIAMI FL 33126 3. Date Incorporated or Qualified <u>08/24/1989</u> 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 4150 N.W. 7 St. 65-0139355 26 Not Applice Suite, Apt. #, etc. Suite, Apl #, etc \$8.75 Additional K 5. Certificate of Status Desired Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 Country 8. This corporation owes or has paid the current year Intangible 25 PADB 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ROMERO, ALFONSO 4700 NW 7 ST **B2** Street Address (P.O. Box Number is Not Acceptable) #245 83 MIAMI FL 33126 84 City 85 Zip Code 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. **SIGNATURE** (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELFTE Change Addition 1.1 TITLE TITLE ROMERO, ALFONSO 1.2 NAME NAME 4700 NW 7 ST #245 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition 2.1 TITLE TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-7IP DELETE ☐ Change Addition TITLE 3.1 TITLE NAME 3.2 NAME 33 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELFTE 4.1 TITLE Change Addition TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5 1 TITLE NAME 5.2 NAME STREET ADDRESS 53 STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-7IP DELFTE Change Addition 6.1 TITLE TITL F NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

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14. Thereby 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 suppliemental 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 this corporation of the receiver or trustee empowered to execute this report as required by Chapter 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or I am attachment with an address

CITY-ST-ZIP

SIGNATURE: