

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L27196

(9)

1. Corporation Name

ROMKER INVESTMENTS INC.

Principal Place of Business

441 VALENCIA AVE #601  
CORAL GABLES FL 33134  
US

Mailing Address

441 VALENCIA AVE.  
APT. #601  
CORAL GABLES FL 33134  
US



2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

10/31/1989

3a. Date of Last Report

01/27/1995

4. FEI Number

65-0174622

Applied For  
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

CORPORATION COMPANY OF MIAMI  
201 S. BIXCAYNE BLVD  
1600 MIAMI CENTER  
MIAMI FL 33131

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

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

Signature of Registered Agent (if different from the corporation)

Signature of Registered Agent (if different from the corporation)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1. TITLE | 2. NAME            | 3. STREET ADDRESS       | 4. CITY, ST, ZIP | 5. DELETE                |
|----------|--------------------|-------------------------|------------------|--------------------------|
| PD       | GUIDO, ALVAREZ     | 441 VALENCIA AVE., #601 | CORAL GABLES FL  | <input type="checkbox"/> |
| S        | FERRER, ESTEBAN A. | 100 CHOPIN PLAZA 16 FL  | MIAMI FL         | <input type="checkbox"/> |
|          |                    |                         |                  | <input type="checkbox"/> |
|          |                    |                         |                  | <input type="checkbox"/> |
|          |                    |                         |                  | <input type="checkbox"/> |
|          |                    |                         |                  | <input type="checkbox"/> |
|          |                    |                         |                  | <input type="checkbox"/> |
|          |                    |                         |                  | <input type="checkbox"/> |
|          |                    |                         |                  | <input type="checkbox"/> |
|          |                    |                         |                  | <input type="checkbox"/> |

| 1. TITLE | 2. NAME | 3. STREET ADDRESS | 4. CITY, ST, ZIP | 5. DELETE                | 6. CHANGE                | 7. ADDITION              |
|----------|---------|-------------------|------------------|--------------------------|--------------------------|--------------------------|
|          |         |                   |                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|          |         |                   |                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|          |         |                   |                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|          |         |                   |                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|          |         |                   |                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|          |         |                   |                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|          |         |                   |                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|          |         |                   |                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|          |         |                   |                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 11/95

Date

Signature Required

CR2E034 (12/95)