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 # L33960 (0)

1. Corporation Name
CAMILLE ROMANO, INC.

Principal Place of Business
7436 SW 117 AVE, suite 208,
~~10001 SW 71 LANE~~
MIAMI FL 33183
US

Mailing Address
7436 SW 117 AVE
STE 208
MIAMI FL 33183
US

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: 12/05/1989
3a. Date of Last Report: 03/28/1995
4. FEI Number: 65-0159112 — 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

9. **Name and Address of Current Registered Agent**

ROMANO, CAMILLE
~~10001 SW 71 LANE~~
~~MIAMI FL 33176~~

ROMANO, CAMILLE
c/o STEVE BOMSER,
1001 NW 62 St., suite 409
Fort Lauderdale, Fl 33309

10. **Name and Address of New Registered Agent**

81 Name: ROMANO, CAMILLE
82 Street Address (P.O. Box Number is Not Acceptable): c/o STEVE BOMSER, 1001 NW 62 S., # 409,
83 FORT LAUDERDALE, Fl 33309
84 City: FORT LAUDERDALE FL 85 Zip Code: 33309

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: Camille Romano — DATE: 3-1-96
Signature, typed or printed name of registered agent and title if applicable — Certify Registered Agent's name ...

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	ROMANO, CAMILLE — ROMANO, CAMILLE	
STREET ADDRESS	~~10001 SW 71 LANE~~ — c/o STEVE BOMSER, 1001 NW 62 st # 409,	
CITY-ST-ZIP	~~MIAMI FL~~ — Fort Lauderdale, Fl 33309	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
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TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☒ Change ☐ Addition
1.2 NAME	ROMANO, CAMILLE	
1.3 STREET ADDRESS	c/o STEVE BOMSER, 1001 NW 62 St., # 409,	
1.4 CITY-ST-ZIP	FORT LAUDERDALE, Fl 33309	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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: Camille Romano — 3-1-96 — 305 271 3292
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)