COI	E NOW: FILIN PROFIT RPORATION UAL REPORT 1998	IG FEE AFTER	FLORIDA DEPAF Sandra B Secretar	S \$550.00 ETMENT OF STATE S. Mortham Try of State CORPORATIONS	Jan 29 19	LED 98 8:00am ry of State
1. Corporation CAMILL	E ROMANO, INC		(0)			
Principal Plac 7436 SW 117 SUITE 208 MIAM! FL 331 US		743 Ste	ling Address 6 SW 117 AVE E 208 MI FL 33183		DO NOT WRIT 3. Date Incorporated or Qualified	E IN THIS SPACE
6 Diam'r.	N		A de la companya de l		12/05/1989	
	Place of Business		Mailing Address		4. FEI Number	Applied For
Suite, Apt.	#. elc.	26	Suite, Apt. #, etc.		65-0159112	Not Applicable \$8.75 Additional
22		27		W. 7.85	5. Certificate of Status Desired	Fee Required
City & Stat	te	_	City & State		6. Election Campaign Financing	\$5.00 May Be
23 Zip	Count	28 rv	Zip	Country	Trust Fund Contribution	Added to Fees
24	25	29		30	 This corporation owes or has p Personal Property Tax due Juni 	- · - ·
		ess of Current Registe			10. Name and Address of New R	* * * * · · · · · · · · · · · · · · · ·
C/0	MANO, CAMILLE STEVE BOMSER			<u>D</u>	compano, comille elo	Steve Bomser
Mi	to the provisions of Sec	109-1001 11 X address.	7.1508, Florida Statute	83 84 City F 3	nt Louderdale	FL 85 Zip Code 33 301 purpose of changing its registered
Mi	to the provisions of Secregistered agent, or both am familiar with, and Lec	e Kann	6446	83 84 City Faces, the above-named conuthorized by the corporated Statutes.	DO E BROW and Blow and Blow at Lauderslate at the statement for the ation's board of directors. I hereby access to the statement of the statement of the statement for the ation's board of directors.	FL 85 Zip Code 33 301
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14. I 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 inchanged, or organization with an address. 305 271 3292 1-22-98 SIGNATURE: \

6.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS Change Addition

DELETE.

TITLE NAME

STREET ADDRESS

CITY - ST - ZIP