


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

FILED

Jan 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L33960** (0)

1. Corporation Name
CAMILLE ROMANO, INC.

Principal Place of Business 7436 SW 117 AVE SUITE 208 MIAMI FL 33183 US	Mailing Address 7436 SW 117 AVE STE 208 MIAMI FL 33183 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/05/1989	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0159112	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent ROMANO, CAMILLE C/O STEVE BOMSER 1001 NW 82 STREET #409 MIAMI FL 33183 <i>Change of address →</i>				10. Name and Address of New Registered Agent	
				81	Name Romano, Camille c/o Steve Bomser
				82	Street Address (P.O. Box Number is Not Acceptable) 800 E Broward Blvd #301
				83	
				84	City Fort Lauderdale
				85	Zip Code FL 33301

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 **1-22-98**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ROMANO, CAMILLE			1.2 NAME			
STREET ADDRESS	1001 NW 82 STREET #409			1.3 STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE FL #301 - Fort Lauderdale FL 33301			2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE		<input type="checkbox"/> DELETE		2.2 NAME			
NAME				2.3 STREET ADDRESS			
STREET ADDRESS				2.4 CITY-ST-ZIP			
CITY-ST-ZIP				3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE		<input type="checkbox"/> DELETE		3.2 NAME			
NAME				3.3 STREET ADDRESS			
STREET ADDRESS				3.4 CITY-ST-ZIP			
CITY-ST-ZIP				4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE		<input type="checkbox"/> DELETE		4.2 NAME			
NAME				4.3 STREET ADDRESS			
STREET ADDRESS				4.4 CITY-ST-ZIP			
CITY-ST-ZIP				5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE		<input type="checkbox"/> DELETE		5.2 NAME			
NAME				5.3 STREET ADDRESS			
STREET ADDRESS				5.4 CITY-ST-ZIP			
CITY-ST-ZIP				6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE		<input type="checkbox"/> DELETE		6.2 NAME			
NAME				6.3 STREET ADDRESS			
STREET ADDRESS				6.4 CITY-ST-ZIP			
CITY-ST-ZIP							

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 unchanged, or on an attachment with an address.

SIGNATURE: *Camille Romano* DATE: **1-22-98** **205 271 3292**

CR2E034 (10/97)