SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750.)

PROFIT CORPORATION ANNUAL REPORT
1997

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

FILED
97 JUL 16 PM 3:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(1)

DOCUMENT # **L94991** (1)

1. Corporation Name
ERNESTO ROMANO ENTERPRISES OF FLORIDA, INC.

Principal Place of Business	Mailing Address
4922 S. ORANGE AVE. ORLANDO FL 32806 US	4922 S. ORANGE AVE. ORLANDO FL 32806 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/19/1990
3a. Date of Last Report: 01/24/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26

Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: 59-3028287 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ROMANO, ERNESTO
2719 GRETAGREEN CT.
ORLANDO FL 32835

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 _____ DATE
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DP ROMANO, ERNESTO 2719 GRETAGREEN CT. ORLANDO FL 32835	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition 900002245899--3 -07/23/97--01134--001 ****165.00 ****165.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ORELLANA, MARIO 2401 TANDORI CIR ORLANDO FL 32837	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP DIAZ, JUAN 809 WALDONA LN #2 ORLANDO FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition 7-21-97
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (4/97)

14. I do 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 if changed, or on an attachment with an address.

SIGNATURE: _____ 7-14-97

Ernesto Romano Enterprises of Fl., Inc.
4922 S. Orange Ave.
Orlando, Fl. 32806
July 15, 1997

(2)

Florida Dept. of State
Division of Corps.
Annual Reports Section
P.O. Box 1500
Tallahassee, Fl. 32302-1500

To Whom It May Concern,

As per our conversation of a few days ago, I am enclosing a copy of the check stub I mailed you on Jan. 3, 1997. The check never went through the bank so I assume the check was lost. But as you can see I mailed you the check early in Jan. I am enclosing a replacement check for $165.00. Thank you for your understanding and hopefully this will clear this matter up. If you have any question please contact me at area code 407-856-5533.

Thank you,