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CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -8 PM 2:05

DOCUMENT # L98258 (1)

1. Corporation Name
ROMES PROPERTIES II, INC.

Principal Place of Business	Mailing Address
410 SANSOVINO AVE. CORAL GABLES FL 33146 US	410 SANSOVINO AVE. CORAL GABLES FL 33146 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/07/1990
3a. Date of Last Report: 07/15/1994

2. Principal Place of Business
21 540 Brickell Key Dr.
Suite, Apt. #, etc.
22 #1811
City & State
23 Miami, FL.
Zip 24 233131 Country 25 Dade

2a. Mailing Address
26 540 Brickell Key Dr.
Suite, Apt. #, etc.
27 #1811
City & State
28 Miami, FL.
Zip 29 33131 Country 30 Dade

4. FEI Number: 65-0234233 ☐ 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

PONS, ALBERT F
410 SANSOVINO AVE
SUITE 1410
CORAL GABLES FL 33146

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 540 Brickell Key Dr.
83 #1811
84 City Miami FL 85 Zip Code 33131

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, within 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 X Albert F. Pons, Registered Agent March 1, 1995
Signature required from registered agent (NOTE: Registered Agent signature required when reinstated) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	President/Director	☒ Change ☐ Addition
NAME	SPANO, RODOLFO	12 NAME	Spano, Rodolfo	
STREET ADDRESS	410 SANSOVINO AVE	13 STREET ADDRESS	540 Brickell Key Dr. #1811	
CITY-ST-ZIP	CORAL GABLES FL	14 CITY-ST-ZIP	Miami, FL. 33131	
TITLE	VD	21 TITLE	Treasurer/Director	☒ Change ☐ Addition
NAME	SPANO, MELINA	22 NAME	Spano, Melina	
STREET ADDRESS	410 SANSOVINO AVE	23 STREET ADDRESS	540 Brickell Key Dr. #1811	
CITY-ST-ZIP	CORAL GABLES FL	24 CITY-ST-ZIP	Miami, FL. 33131	
TITLE	TD	31 TITLE	Vice President/Director	☒ Change ☐ Addition
NAME	DE SPANO, MARIA LUISA	32 NAME	Cola, Ferdinando	
STREET ADDRESS	410 SANSOVINO AVE	33 STREET ADDRESS	540 Brickell Key Dr. #915	
CITY-ST-ZIP	CORAL GABLES FL	34 CITY-ST-ZIP	Miami, FL. 33131	
TITLE	SVD	41 TITLE	Secretary/Director	☒ Change ☐ Addition
NAME	PONS, ALBERT F	42 NAME	Cola, Olga, C.	
STREET ADDRESS	410 SANSOVINO AVE	43 STREET ADDRESS	540 Brickell Key Dr. #915	
CITY-ST-ZIP	CORAL GABLES FL	44 CITY-ST-ZIP	Miami, FL. 33131	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I 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)(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 added in the annual report with an addition.

SIGNATURE: March 1, 1995 305-373-0526
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR OFFICER OR DIRECTOR Date Daytime Phone #
Rodolfo Spano

0160507 CF