

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **M09715** (7)

1. Corporation Name

ROMAK REALTY, INC.



Principal Place of Business

**336 SEVILLA AVENUE
CORAL GABLES FL 33134**

Mailing Address

**336 SEVILLA AVENUE
CORAL GABLES FL 33134**

3. Date Incorporated or Qualified
01/07/1985

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21 **340 MINORCA AVENUE**

State, Apt. #, etc.

22 **SUITE #2**

City & State

23 **CORAL GABLES, FLORIDA**

Zip

24 **33134**

Country

25 **USA**

2a. Mailing Address

26 **340 MINORCA AVENUE**

State, Apt. #, etc.

27 **SUITE #2**

City & State

28 **CORAL GABLES, FLORIDA**

Zip

29 **33134**

Country

30 **USA**

4. FET Number

59-2489994

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. 190.032,
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

**RAVASZ, BLANCA
37 MAJORCA AVENUE
SUITE 401
CORAL GABLES FL 33134**

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

Signature of Registered Agent or Director

Signature of Registered Agent or Director

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
**PD
RAVASZ, BLANCA
37 MAJORCA AVE. #401
CORAL GABLES FL**

TITLE ☐ DELETE

NAME
**D
RAVASZ, DEZSO
37 MAJORCA AVE. #401
CORAL GABLES FL**

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1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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. 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:

Blanca Ravasz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Blanca Ravasz, President

Date

Date of Filing

1-26-96

(305) 408-1771

CR2E034 (12/95)