

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **M17922** (9)

1. Corporation Name

A. ROMERO TRADING CORPORATION

Principal Place of Business

12555 BISCAYNE BLVD., STE. 909
MIAMI FL 33181

Mailing Address

12555 BISCAYNE BLVD., STE. 909
MIAMI FL 33181

FILED

1995 JUL 25 AM 9:18

TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/11/1985

3a. Date of Last Report

03/18/1994

4. FEI Number

59-2549218

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Franchise Certificate Fee(s) Only
Trust Fund Contributions

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21

2a. Mailing Address

26

State, Apt. #, etc.

22

State, Apt. #, etc.

27

City & State

23

City & State

28

Zip

24

Country

25

Zip

29

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SUSZ, PAUL ATTORNEY
730 N.W. 107TH AVENUE, STE. 212
MIAMI FL 33192

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 must be printed name of registered agent and his/her associate)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

TITLE PD
NAME URIBE, MIGUEL J.
STREET ADDRESS 1865 79 ST. CAUSEWAY #2J
CITY, ST., ZIP MIAMI BEACH FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST., ZIP

☐ Change ☐ Addition

TITLE S
NAME ROMERO DE URIBE, ALICIA
STREET ADDRESS CALLE 8A 2N 35 OF 427
CITY, ST., ZIP CALI CO

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST., ZIP

☐ Change ☐ Addition

TITLE D
NAME URIBE, MIGUEL
STREET ADDRESS CALLE 8A NO 2N 35 OF 427
CITY, ST., ZIP CALI CO

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST., ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST., ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST., ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST., ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST., ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST., ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY, ST., ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119 (2)(3)(b), 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 a 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 official report with an address.

SIGNATURE: X

SIGNATURE AND PERSONAL SEAL OF THE REGISTERED AGENT OR DIRECTOR

7/18/95
Date

System: 00000000