


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

FILED  
Feb 17 1998 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # M17922 (9)</b> 1. Corporation Name <b>A. ROMERO TRADING CORPORATION</b>					
Principal Place of Business <b>12555 BISCAYNE BLVD., STE. 909 MIAMI FL 33181</b>			Mailing Address <b>12555 BISCAYNE BLVD., STE. 909 MIAMI FL 33181</b>		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>07/11/1985</b>	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number <b>59-2549218</b>	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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 checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>SUSZ, PAUL ATTORNEY 730 N.W. 107TH AVENUE, STE. 212 MIAMI FL 33192</b>				10. Name and Address of New Registered Agent	
				81. Name	
				82. Street Address (P.O. Box Number is Not Acceptable)	
				83.	
				84. City	
				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
1.1 TITLE <input type="checkbox"/> DELETE					
1.2 NAME <b>PD URIBE, MIGUEL J.</b>					
1.3 STREET ADDRESS <b>1865 79 ST. CAUSEWAY #2J</b>					
1.4 CITY-ST-ZIP <b>MIAMI BEACH FL</b>					
2.1 TITLE <input type="checkbox"/> DELETE					
2.2 NAME <b>S ROMERO DE URIBE, ALICIA</b>					
2.3 STREET ADDRESS <b>CALLE 8A 2N 35 OF 427</b>					
2.4 CITY-ST-ZIP <b>CALI CO</b>					
3.1 TITLE <input type="checkbox"/> DELETE					
3.2 NAME <b>URIBE, MIGUEL</b>					
3.3 STREET ADDRESS <b>CALLE 8A NO 2N 35 OF 427</b>					
3.4 CITY-ST-ZIP <b>CALI CO</b>					
4.1 TITLE <input type="checkbox"/> DELETE					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE <input type="checkbox"/> DELETE					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE <input type="checkbox"/> DELETE					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					



DO NOT WRITE IN THIS SPACE

CR2E034 (10/97)

SIGNATURE:

*Miguel J. Uribe* January 14 1998 (305) 895 8324