

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

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Mar 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # M56659 (9)

1. Corporation Name:
ROMFEL INTERNATIONAL TRADING, INC.

Principal Place of Business
C/O STEPHEN A. FREEMAN
520 BRICKELL KEY DRIVE SUITE 0-305
MIAMI FL 33131

Mailing Address
C/O STEPHEN A. FREEMAN
520 BRICKELL KEY DRIVE SUITE 0-305
MIAMI FL 33131-2607

3. Date Incorporated or Qualified 08/03/1987	3a. Date of Last Report 05/16/1996
4. FEI Number 65-0045319	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

FREEMAN, STEPHEN A.
520 BRICKELL KEY DR.
SUITE 0-305
MIAMI FL 33131

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
FILE	S <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREEMAN, STEPHEN A.	1.2 NAME	
STREET ADDRESS	520 BRICKELL KEY DRIVE SUITE 0-305	1.3 STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL 33131	1.4 CITY-ST-ZIP	
FILE	PTD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SACAL, SALOMON	2.2 NAME	
STREET ADDRESS	520 BRICKELL KEY DRIVE SUITE 0-305	2.3 STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL 33131	2.4 CITY-ST-ZIP	
FILE	VPS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SACAL, RAQUEL H.	3.2 NAME	
STREET ADDRESS	520 BRICKELL KEY DRIVE SUITE 0-305	3.3 STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL 33131	3.4 CITY-ST-ZIP	
FILE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY-ST-ZIP	
FILE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY-ST-ZIP	
FILE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY-ST-ZIP	

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 addendum.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/97

305-374-2800

Date

Daytime Phone #

CR2E034 (9/96)