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

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

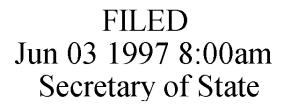
Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # P93000014304 (8)

ROMI'S EXPRESS, INC.

Principal	Place	of	Business

Mailing Address





MIAMI FL 33128		MIAMI FL 33126-1614			
				3. Date incorporated or Qualified 02/15/1993	3a. Date of Last Report 05/14/1996
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
	NW 70TH AVENUE	26 1855 NW 70	TH AVENUE	65-0390661	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
<u> </u>	I, FL	City & State 28 MIAMI, FL		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for it	ntangible tax under s. 199.032.
24 331			30	<b>.</b>	Yes 🔼 No
	g, Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Reg	Jistered Agent
	ITEJO, ISABEL C	1	81 Name		
	SOUTHWEST 142ND COURT		82 Street Addi	ress (P.O. Box Number is Not Acceptab	ie)
, MIAN	M FL 33184		00		
			83		
•			84 City		85 Zip Code
11. Pursuant	to the provisions of Sections 07.0502 egistered agent of Fig. by the State	607.1505, Florida Statuto	s, the above-named corp	oration submits this statement for the prition's board of directors. I hereby accep	rpose of changing its registered
office of a	egistered soverity from the State of my amilia with and skissish be built a	orda Such change was a Supplif, Section (07.0505, Flo	uthorized by the corporat rida Statutes.	lion's board of directors. I hereby accep	the appointment as registered
SIGNATURE	M/////////////////////////////////////			~	4-29-97
	Signature, type of planted ride or legal sere agent		Registered Agent signature requir	red when teinstating)	DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	P	☐ DELETE	1.1 TITLE		Change Addition
NAME	GIL, ROSALBA		1.2 NAME		
STREET ADDRESS	420 SOUTH HINDRY AVENUE		1.3 STREET ADDRESS		
CITY-ST-ZIP	INGLEWOOD CA 90301		1.4 CITY-ST-ZIP		
TITLE ,	V	DELETE	2.5 TITLE		Change Addition
NAME	MONTEJO, ISABEL C		2.2 NAME		
STREET ADDRESS	1200 SOUTHWEST 142ND COU	RI	2 3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33184	T or ere	2. 4 CITY-ST ZIP		
TITLE	PETUENOCHOT MICHA	☐ DELFTE	3 1 TITLE		Change Addition
NAME	BETHENCOURT, MIRIAM 420 SOUTH HINDRY AVENUE		3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	INGLEWOOD CA 90301	DELFTE	3.4. C(TY - ST - Z(P		
		f" DETAIL	4.1 TillE		] Change Addition
NAME STREET ADDRESS			4. 2 NAME		
			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - ST - ZIP		Change Addition
NAME			5.1 TITLE 5.2 NAME		☐ Change ☐ Addition
STREET ADDRESS					
CITY-ST-ZIP			5 3 STREET ADDRESS		
TITLE		DELETE	5.4 C/TY - ST - Z/P 6.1 T/TLE		Change Addition
NAME		Decert	6.2 NAME		ET change TRAdulati
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			4		
14. I do hereb	v certify that the information supplied	with this filing does not qualify	for the exemption stated	l in Section 119.07(3)(i), Florida Statutes	I further certify that the
intormation I am an of	n in <b>dicated on this annual recort or s</b> ur	oplemental annual report is tru ne receiver or trustee empowe	ie and accurate and that red to execute this report	my signature shall have the same legal t as required by Chapter 607, Florida Sta	affect so if made under eath, that