

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 08, 1999 8:00 am  
Secretary of State

05-08-1999 90051 019 \*\*\*150.00

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DOCUMENT # P93000014304

1. Corporation Name  
ROMI'S EXPRESS, INC.



Principal Place of Business  
1757 NW 79TH AVE  
MIAMI FL 33126  
US

Mailing Address  
1757 NW 79TH AVE  
MIAMI FL 33126  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/15/1993

4. FEI Number

65-0390661

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

MONTEJO, ISABEL C  
1200 SOUTHWEST 142ND COURT  
MIAMI FL 33184

10. Name and Address of New Registered Agent

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE  
NAME GIL, ROSALBA  
STREET ADDRESS 420 SOUTH HINDRY AVENUE  
CITY-ST-ZIP INGLEWOOD CA 90301

TITLE V ☐ DELETE  
NAME MONTEJO, ISABEL C  
STREET ADDRESS 1200 SOUTHWEST 142ND COURT  
CITY-ST-ZIP MIAMI FL 33184

TITLE V ☐ DELETE  
NAME BETHENCOURT, MIRIAM  
STREET ADDRESS 420 SOUTH HINDRY AVENUE  
CITY-ST-ZIP INGLEWOOD CA 90301

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE (D) ☒ Change ☐ Addition  
1.2 NAME 612 ROSALBA  
1.3 STREET ADDRESS 420 SOUTH HINDRY AVENUE  
1.4 CITY-ST-ZIP INGLEWOOD CA 90301

2.1 TITLE (D V) ☒ Change ☐ Addition  
2.2 NAME MONTEJO ISABEL C  
2.3 STREET ADDRESS 1200 SW 142nd Ct  
2.4 CITY-ST-ZIP MIAMI, FL 33184

3.1 TITLE (V) ☒ Change ☐ Addition  
3.2 NAME Bethencourt, Miriam  
3.3 STREET ADDRESS 420 South Hindry Ave  
3.4 CITY-ST-ZIP Inglewood, CA 90301

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 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 any attachment with an address, with all other line empowered.

SIGNATURE:

Isabel C Montejo  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-99 305 599-1090  
Date Daytime Phone #

CR2E034 (11/98)