

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000039890 (7)**

1. Corporation Name
MARIO DI ROMA, INC.



Principal Place of Business: **801 BRICKELL KEY DR. MIAMI FL 33131**
Mailing Address: **5828 S.W. 71 STREET SOUTH MIAMI FL 33143**

3. Date Incorporated or Qualified: **06/04/1993**
3a. Date of Last Report: **05/05/1995**
4. FEIN Number: **65-0414055**
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 has liability for intangible tax under s. 199.042, Florida Statutes: Yes No

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

9. Name and Address of Current Registered Agent
**CAPONE, MARIO
5828 S.W. 71 STREET
SOUTH MIAMI FL 33143**

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
FL

11. Pursuant to the provisions of Sections 607.06(1) and 607.06(2), 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, thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0605, Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	CAPONE, MARIO	
STREET ADDRESS	5828 SW 71ST ST	
CITY- ST- ZIP	MIAMI FL 33143	
TITLE	VTS	<input type="checkbox"/> DELETE
NAME	CAPONE, MARIO	
STREET ADDRESS	5828 SW 71ST ST	
CITY- ST- ZIP	MIAMI FL 33143	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

17 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
17 NAME	
18 STREET ADDRESS	
19 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
20 TITLE	
20 NAME	
21 STREET ADDRESS	
22 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
23 TITLE	
23 NAME	
24 STREET ADDRESS	
25 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
26 TITLE	
26 NAME	
27 STREET ADDRESS	
28 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
29 TITLE	
29 NAME	
30 STREET ADDRESS	
31 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
35 TITLE	
35 NAME	
36 STREET ADDRESS	
37 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
38 TITLE	
38 NAME	
39 STREET ADDRESS	
40 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is accurately furnished and does not qualify for the exemption stated in Section 119.07(1)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplement 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 trustee 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 address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/96
305 661 1530

CR2E034 (12/95)