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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## P94000082968 (6) DOCUMENT #

ROMOCA TRADING CORPORATION

Principal Place of Business Mailing Address 4501 NW 102ND CT 4501 NW 102ND GT MIAMI FL 33178 MIAMI Ft. 33178 LL STIERT DO NOT WRITE IN THIS SPACE 11315 NW 3. Date Incorporated or Qualified FIA 33178 MIAMI 11/14/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0541176 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing **\$5.00** May Be 23 28 Trust Fund Contribution Added to Fees Zìp Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DEL PINO, ROGELIO A ESQ 1835 W FLAGLER ST Street Address (P.O. Box Number is Not Acceptable) SUITE 201 83 MIAMI 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 Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE ☐ DELETE Change Addition 1.1 TITLE NAME GERA, GERARDO 1.2 NAME STREET ADDRESS % 4501 NW 102ND CT 1.3 STREET ADDRESS MIAMI FL 33178 CiTY - ST - ZiP 1.4 CITY - ST - ZIP DELETE 2.1 TITLE Change Addition RODRIGUEZ, CARLOS NAME 2.2 NAME % 4501 NW 102ND CT STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 2, 4 CITY - ST - ZIP DELETE TITLE Change Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY - ST - ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5,2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE Change \_\_\_ Addition NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** ng does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information eport is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an stee emportered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in the haddress.

SIGNATURE:

14. I hereby certify that the information supplied with this fling does indicated on this annual report or supplemental annual report is officer or director of the corporation or the receiver or trustee en Block 12 or Block 13 if changed, or on an attachment with an action.

1/12/98 (305) 591-0060

**FILED** 

Jan 26 1998 8:00am

Secretary of State