**FILED** 

Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90210 035 \*\*\*150.00

## 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

## DOCUMENT # P95000004343

1. Corporation Name

ROMDEL INDUSTRIAL, INC.

Principal Place of Business	Mailing Address		1.121(13)	
8252 NW S RIVER DR	8252 NW \$ RIVER DR			
207-В	207-8		DO NOT WRITE	N THIS SPACE
MEDLEY FL 33166	MEDLEY FL 33166 US		3. Date Incorporated or Qualifed	=
03	03		01/18/1995	ļ
2. Principal Place of Business_	2a. Mailing Address		4. FEI Number	Applied For
5086 NW 74AUE_	26 5086 NW 7	4106	65-0548507	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22	27		5. Certificate of Status Desired	Fee Required
City & State  OR AN I FI	City & State  28 MIAMI F	1	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
	28 JV17(341 1	Country	a Tit time annual the annual t	
¬ - ' - 3   / /   -   - / - / -	E 29 33166 30	MAMIDAD	Personal Property Tax.	year mangiole Myes □No
9. Name and Address of Curr		W   K     O   C	10. Name and Address of New Reg	·
5. Marile and Address of Odi	ent registered rigent	81 Name		
<del>(Delgado, Horacio</del> G			JUAN I ROMERU	
8252 NW S RIVER RD		82 Street A	ddress (P.O. Box Number is Not Acceptable	"
MEDLEY FL 33166		83	NO 80 IV VO TINO	
		84 City	MIAMI	FL 85 33/60
11. Pursuant to the provisions of Sections 607.0	902 and 607.1508, Florida Statutes,	the above-named c	ornoration submits this statement for the nur	pose of changing its registered
office or registered agent, or both, in the Sta agent. I am familiar with, and accept the obli	ite ak Finnaa. Such chande was auint	orizea av une corbor	ration's board of directors. I hereby accept the	ne appointment as registered
1/2007	1 2000			Į.
		gistered Agent signature rec	quired when reinstating)	DATE
12. OFFICERS	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
TITLE -DS	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME DELGADO, HORACIO G		1.2 NAME		
STREET ADDRESS 10300 SUNSET DR., STE. 2	<del>97</del> B	1.3 STREET ADDRESS		
CITY-ST-ZIPMIAMI-FL		1.4 CITY-ST-ZIP		
TITLE ,PSTD	☐ DELETE	2.1 TITLE		Change Addition
NAME ROMERO, JUAN I		2.2 NAME	TUNIE	
STREET ADDRESS 8252 NW S RIVER DR		2.3 STREET ADDRESS	5086 NW 74 AVE	
CITY-ST-ZIP MEDLEY FL 33166		2.4 CITY-ST-ZIP	MIAMI F1 33160	
TITLE	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS	1	3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4. CITY-ST-ZIP		
TITLE	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	j	4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		Ţ.
CITY-ST-ZIP	j	4.4 CITY-ST-ZIP		
TITLE	☐ DELETE	5.1 TITLE		Change Addition
NAME		5.2 NAME	,	
STREET ADDRESS		5.3 STREET ADDRESS	the same of the same	The second second
CITY-ST-ZIP		5.4 CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
TITLE	☐ OELETE	6.1 TITLE		Change Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		

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 an attachment with an address, with all other like empowered. SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #