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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000013904 (4)**

1. Corporation Name

DIROMA, INC.

Principal Place of Business	Mailing Address
7300 N. OAKMONT DRIVE MIAMI FL 33015	7300 N OAKMONT DRIVE MIAMI FL 33015

3. Date Incorporated or Qualified: 02/17/1995
3a. Date of Last Report:
4. FEI Number: 65-0571940 ☐ 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 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21 | 3617 NW 36 ST
22 | Suite, Apt. #, etc.
23 | MIAMI FL
24 | Zip: 33142 | 25 | Country: DADE

2a. Mailing Address
26 | 725 NE 125 ST
27 | Suite, Apt. #, etc.: SUITE 100
28 | City & State: NO MIAMI BEACH FL
29 | Zip | 30 | Country

9. Name and Address of Current Registered Agent

LEIBNITZER, CHUCK
7300 N. OAKMONT DRIVE
MIAMI FL 33015

10. Name and Address of New Registered Agent

81 | Name
82 | Street Address (P.O. Box Number is Not Acceptable): 725 NE 125 STREET SUITE 100
83 | NORTH MIAMI
84 | City: FL | 85 | Zip Code: 33161

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, type or print 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D CASTORO, MARY ELLEN % 7300 N. OAKMONT DR. MIAMI FL 33015 ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition 324 ROOSEVELT ST HOLLYWOOD FL 33019
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CASTORO, DIANE % 7300 N. OAKMONT DR. MIAMI FL 33015 ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition 1275 CRYSTAL WAY DEL RAY BEACH FL 33444
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition 300001746643 -03/18/96---01041---027
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition ***200.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 in an attachment with an address.

SIGNATURE: Charles M Leibnitzer Agent C+C Realty
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #