SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

DOCUMENT # P95000013904 (4) DIROMA, INC. Principal Place of Business Mailing Address Mailing Address Milami FL 33142 Milami FL 33014 (0338 US DO NOT WRITE IN THIS SPACE S. Date Incorporated or Qualified O2/17/1995 Q. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Applied For Suite, Apt. #, etc. Suite, Apt. #, etc. S. Certificate of Status Desired \$8.75 Additional \$8.75 Additiona		ANNUAL REPORT			Secretary of State				Secretary of State				
DIROMA, INC. Principal Piece of Business	•	1998	1 - 1 IE	DIV.	ISION OF	CORPOR	ATIO	ONS		, or o car	, 01 ,		
Principal Place of Business Minkin Ft. 3014 QUITY STATE P.O. BOX 4398 Minkin Ft. 3014 QUITY STATE IN THIS BPACE 3. Date Incorporated or Coultifed QUITY STATE QUITY STATE IN THIS BPACE 3. Date Incorporated or Coultifed QUITY STATE QU	DOCUI	MENT # F	950000	13904	(4)								
Principal Place of Business Minkin Ft. 3014 DO NOT WRITE IN THIS BPACE 2. Principal Place of Business 2. Mailing Address 3. Date Incorporated or Journal of Place of Business 2. Principal Place of Business 2. Address of Business 2. Address of Business 2. Mailing Address 3. Date Incorporated or Journal of Business 3. Date Incorporated or Subus Desired 3. Substance of Business 3. Confliction of Subus Desired 3. Substance of Business 3. Confliction of Subus Desired 3. Substance of Substance	DIROMA	. INĊ.			• •					-			
Set No.		,							4 (8.8) (8.8) (8.8)	. Balla Bûla Bû la Bûla Bûla)	ABIR OIBLIBB	
Set No.													
MAMI FL 3014 2	i .			Mailing Addre	SS				, 188(iEB; 1)# 18191	WINT BESTS WESTS BESTS BEST	, , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	88111 6191 1991	
US 3. Date Incorporated or ONOT WRITE IN THIS SPACE 3. Date Incorporated or Qual-feed O2/17/1985 3. Date Incorporation or Qual-feed O2/17/1985 3. Date Incorporation or Qual-feed O2/17/1985 No. Conflicted of Status Desired S. G. Feed S. G. Conflicted of Status Desired S. G. Feed S. G. Conflicted of Status Desired S. G. Conflicted of Status Desired Fee Required Fee Required Fee Required S. G. Conflicted of Status Desired Fee Required Fee Requi									-				
2. Principal Place of Business: 2. Mailing Address 2. Mailing Address 3. Control 4. Fet Number Applied For	MINMI FL 9014	2							L				
2. Minimphor Address 2. Minimphor Address 2. Minimphor Address 3. Minimphor Address									1 ** '	r Qualified			
Sullo, Apt #, etc. 28 Sullo, Apt #, etc. 29 27 Country 28 Sullo 27 Country 28 Sullo 27 Country 29 29 29 29 29 29 29 2	9 Principal P	lace of Rusiness		2. Mailing Ac	drace							aplied For	
Suite, Apt. 8, etc. Scriftcate of Status Desired \$5.75 Additional Fee Required Pee Required Status Desired \$5.00 May Be Added to Fee Required Status Desired Status Des	_	iace of business		h					1				
City & State City & Country State City & City Ci		#, etc.							1				
Zip	22			27					5. Certificate of Status	Desired	Fee R	equired	
Zip		0		City & State									
Personal Property Tax due June 30. Mess No 9. Name and Address of Current Registered Agent LEBNITZER, CHUCK 7373 FARKYAY DRIVE STE. 115 MIAMI LAKES FL 33014 83 Street Address (P. O. Box Number is Not Acceptable) 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 submits this statement for the purpose of changing its registered office or registered agent, and accept the obligations of, execute 07, 0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, and accept the obligations of, execute 07, 0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, and accept the obligations of, execute 07, 0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, and accept the obligations of, execute 07, 0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, and accept the obligations of, execute 07, 0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and accept the obligations of, execute 07, 0505, Florida Statutes, the above-named corporation submits his statement for the purpose of changing its registered agent, and accept the obligations of, excellent of statutes, and the provisions of executes of the purpose of changing its registered agent, and accept the obligations of, excellent purpose of changing its registered agent, and accept the obligations of, excellent purpose of changing its registered agent, and accept the obligations of, excellent purpose of		1 60	to:	· [- · - L					·				
10. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent	· ·	⊢	untry	F , ' In-ma			ntry			• • • • • • • • • • • • • • • • • • • •		-, - ,	
LEIBNITZER, CHUCK 7373 FARMWAY DRIVE STE. 115 MAMIL LAKES FL 33014 44 City FL Other or registered agent, or both, in the State of Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered gent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby eccept the appointment as registered gent, and familiar with, and accept the objective of the corporation submits this statement for the purpose of changing its registered gent, and familiar with, and accept the objective of the corporation submits this statement for the purpose of changing its registered gent. I am familiar with, and accept the objective of			dress of Current		ıt	1301		·					
7373 FAITHWAY DRIVE STE. 115 MAMM LAKES FL 33014 82 Street Address (P.O. Box Number is Not Acceptable) 83 City FL 85 Ci	LEIB	NITZER, CHUCK					81	Name					
STE. 115 MIAMI LAKES FL 33014 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 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 in affemiliar with, and accept the obligations of, section 607.0505, Florida Statutes. SIGNATURE Signature, frame or registered agent and accept the obligation of, section 607.0505, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE CASTORO, MARY ELLEN STREET ADDRESS OCASTORO, MARY ELLEN 13. STREET ADDRESS 13. STREET ADDRESS OCHYST-2P TITLE OASTORO, DIANE 22 MARE 23 SIRECT ADDRESS CITYST-2P DEL RAY BEACH FL 33444 10 DELETE 3.1 TITLE OCASTORO, DIANE 22 MARE 33 SIRECT ADDRESS 34 CITYST-2P DELETE 3.1 TITLE OCHange Addition Addition Addition AME STREET ADDRESS OCHYST-2P TITLE OCHANGE Addition Addition STREET ADDRESS OCHYST-2P TITLE OCHANGE Addition Addition STREET ADDRESS OCHYST-2P TITLE OCHANGE Addition Addition STREET ADDRESS OCHYST-2P TITLE OCHANGE Addition Addition STREET ADDRESS OCHYST-2P TITLE OCHANGE Addition Addition STREET ADDRESS OCHYST-2P TITLE OCHANGE Addition Addition STREET ADDRESS OCHYST-2P OCHANGES ACTIVIST-2P OCHANGES ACTIVIST-2P Addition Addition ACTIVIST-2P OCHANGES ACTIVIST-2P Addition Addition ACTIVIST-2P Change Addition Addition Addition ACTIVIST-2P Change Addition Addition ACTIVIST-2P Change Addition Addition ACTIVIST-2P Change Addition Addition ACTIVIST-2P Change Addition Change Addition ACTIVIST-2P Change Addition ACTIVIST-2P Change Addition Change Addition ACTIVIST-2P Change Addition Change Addition Change Addition CHOTH Registered agents desired agents and resistered agents and resistered agents agent and resistered agent agent and resistere							82	Street Add	ess (P.O. Box Number is N	lot Acceptable)			
## City ## B& Zip Code 11. Pursuant to the provisions of sections 607 0502 and 607 4508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent, or both, in this State of Florida Statutes, segent, lam familiar with, and accept the obligations of, section 607 0505, Florida Statutes. Common	STE.												
11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statufes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida Statufes, the above-named corporation's board of directors. I hereby accept the epipolintment as registered agent, or both, in the State of Florida Statufes, the above-named corporation's board of directors. I hereby accept the epipolintment as registered agent, and accept the obligations of sections 607.0505, Florida Statufes, the above-named corporation's board of directors. I hereby accept the epipolintment as registered agent ag	MIAMI LAKES FL 33014						83					ļ	
11. Pursuant to the provisions of exclose 607 0502 and 607 1508, Florida Statutes, the above named corporation submite this statement for the purpose of changing its registrated office or registered agent. I am familiar with, and accept the obligations of, section 607 0505, Florida Statutes. 12.							84 City 85 Zip					Code	
agent. I am familiar with, and accopt the obligations of, section 607.0505, Florida Statutes. SIGNATURE Signature, tyned or printed representational stem is approximate to the interpretation (NOTE Registered Agent signature required waters reinstatency) D.	11. Pursuant	to the provisions of	sections 607.0502	and 607.1508. Flo	rida Statute	s the abo		named corp	ation submits this statemen			poistered	
SIGNATURE	office or	registered agent, or	both, in the State of	f Florida, Such ch	ange was a	uthorized	by t	he corporal	n's board of directors. I he	reby accept the app	ointment as re	gistered	
12.		arri rentification restrict, extre	a woodpt and obligation	0.10 01, 00011011 01	71.0000, 110	mod Otto							
TITLE		Signature, typed or printed			(NC		ed Ag	en slynature re			WD DID505	200 111 40	
NAME STREET ADDRESS 324 ROOSEVELT ST 13 STREET ADDRESS CITY-STZIP HOLLYWOOD FL 33019 14 CITY-STZIP CASTORO, DIANE STREET ADDRESS 1276 CRYSTAL WAY CASTORO, DIANE 1276 CRYSTAL WAY 23 STREET ADDRESS CITY-STZIP DELETE 31 TILE 32 AMME 33 STREET ADDRESS CITY-STZIP TITLE NAME STREET ADDRESS CITY-STZIP TITLE DELETE 31 TILE 32 AMME 33 STREET ADDRESS CITY-STZIP TITLE ADDRESS CITY-STZIP TITLE DELETE 41 TITLE 41 ADDRESS CITY-STZIP TITLE STREET ADDRESS CITY-STZIP STREET ADDRESS CITY-STZIP TITLE STREET ADDRESS CITY-STZIP TITLE STREET ADDRESS CITY-STZIP STREET ADDRESS CITY-STZIP TITLE STREET ADDRESS CITY-STZIP TITLE STREET ADDRESS CITY-STZIP STREET ADDRESS CITY-STZIP TITLE STREET ADDRESS CITY-STZIP STREET ADDRESS CITY-STZIP TITLE STREET ADDRESS CITY-STZIP		<u> </u>	OFFICERS AND		DELETE		ı F		ADDITIONS/CHANG	ES TO OFFICERS A	7		
STREET ADDRESS 324 ROOSEVELT ST			RY FILEN		DELETE						Change	L.J. Addition	
CITY-ST-ZIP								DDRESS					
NAME STREET ADDRESS CITY-ST-ZIP DEL RAY BEACH FL 33444 DELETE DELETE STREET ADDRESS CTY-ST-ZIP	CITY-ST-ZIP					1.4 CIT	Y-ST-2	ZIP P					
1276 CRYSTAL WAY 23 STREET ADDRESS 1276 CRYSTAL WAY 24 CITY STZIP 11	TITLE	0			DELETE	2.1 TIT	LE.				Change	Addition	
CITYST-ZIP DEL RAY BEACH FL 33444 24 CITYST-ZIP TITLE DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS CITY-ST-ZIP Change Addition NAME 1 TITLE Change Addition Addition NAME 4.2 NAME CITY-ST-ZIP Change Addition NAME 5.1 TITLE Change Addition NAME 5.2 NAME Change Addition STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP Change Addition NAME 5.2 NAME Change Addition NAME 6.1 TITLE Change Addition NAME 6.2 NAME Change Addition STREET ADDRESS CITY-ST-ZIP Change Addition NAME 6.3 STREET ADDRESS CITY-ST-ZIP Change Addition	NAME					2.2 NA	ME]					
TITLE DELETE 3.1 TITLE Change Addition NAME 3.2 NAME											*.		
NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE A1 TITLE A2 NAME 42 NAME STREET ADDRESS CITY-ST-ZIP 44 CITY-ST-ZIP TITLE DELETE A4 CITY-ST-ZIP TITLE DELETE A4 CITY-ST-ZIP TITLE DELETE A4 CITY-ST-ZIP TITLE A4 CITY-ST-ZIP A4 CITY-ST-ZIP TITLE A4 CITY-ST-ZIP A4 CITY-ST-ZIP A4 CITY-ST-ZIP A5 A CITY-ST-ZIP A6 CITY-ST-ZIP A6 CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP A4 CITY-ST-ZIP		DEL HAY BEAU	H FL 33444					ŽIP					
STREET ADDRESS STRE				L_J	DELETE	-						L Addition	
Addition								DDRESS					
NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 ITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP												1	
A3STREET ADDRESS A4 CITY-ST-ZIP A4 CITY-ST-ZIP Change Addition	TITLE				DELETE	4.1 TIT	LE				Change	Addition	
CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE Change Addition NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 ITILE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP	NAME					4.2 NA	ME						
TITLE DELETE 5.1 TITLE Change Addition NAME 52 NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition NAME 6.1 TITLE Change Addition NAME 6.2 NAME Change Addition STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP Change Addition						•							
NAME 52 NAME STREET ADDRESS 53 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP TITLE DELETE 61 TITLE NAME 6.2 NAME STREET ADDRESS 63 STREET ADDRESS CITY-ST-ZIP 64 CITY-ST-ZIP							~	ZIP					
STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP				Ц	DELETE						L Change	L_ Addition	
CITY-ST-ZIP 54 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP	· ·							DORESS				ļ	
TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP	1					1		i				1	
NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP					DELETE						Change	Addition	
CITY-ST-ZIP 6.4 CITY-ST-ZIP	NAME	• ••		2000		6.2 NA	ME						
	STREET ADDRESS	· .				6.3 STF	REETA	DDRESS				ļ	
		artify that the informa	tion supplied with the	als filing doce not	qualify for t				ion 110 07/3\/i\ Florida St	atutae I further codif	that the infer	malion	

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 my an anachment with an address.

305-556-6066

FILED

Jul 23 1998 8:00am