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

PROFIT CORPORATION ANNUAL REPORT



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

19	96
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DOCUMENT #

P95000026601 (1)

orporation Name						
ROMNAT (ONSULTANT	, IN	IC.			



Principal Place of Business Mailing Address		L'EDRINDE HA 1940 ANN OUIL BOND BOND BUILD DINE GLYN 1016 1161 (60)									
2500 HOLLYWOOD BLVD. SUITE 215 HOLLYWOOD FL 33020 2500 HOLLYWOOD FL 33020 2500 HOLLYWOOD FL 33020		5									
				·			3. Date Incorporated or Qua 03/31/1995	lified	3a. Dat	e of Last F	Report
2. Principal Place o	of Business	2a. 26	Mailing Address				4. FEI Number 65 - 058 7	09	4		Applied For Not Applicable
Suite, Apt. #, etc	2.		Suite, Apt. #, etc.				1			\$8.7	5 Additional
22		27					5. Certificate of Status Desire	ea			Required
City & State			Orty & State				6. Election Campaign Finance	ing		\$5.0)0 May Be
23		28	···				Trust Fund Contribution				ed to Fees
Zip	Country		Zip	Coun	try		8. This corporation has liabili			ax under s	199.032,
24	25 Name and Address of Current	29	harad Agant	30] Yes	No		
8.	Name and Address of Correin	negisi	tered Agent		31	Name	10. Name and Address of N	New FI	egistered	Agent	
				l'	"	Ivaine					
LABOSSIE				ε	12	Street Addre	ess (P.O. Box Number is Not Acc	eptab	le)		· · · · · · · · · · · · · · · · · · ·
	YWOOD BLVD. SUITE 215				13						
HOLLYWO	OD FL 33020			•	13						
				Ē	14	City				85 Z	ıp Code
or registered as	provisions of Sections 607,0502 gent, or both, in the State of Ford id accept the obligations of, Section	t auch	-change was authorize	s, the above ed by the co	⊥ in	named corpora pration's boord	ation submits this statement for the	ne pur e appo	FL pose of ch anthient as		registered office d agent. I am
SIGNATURE	ze typod or process many of reputing dispersion										
12.	OFFICERS AND			13.	P 137	it sagmat in medicinous	ADDITIONS/CHANGES TO	OFFI	DA'L	DIDECT	200 IN 10
· · · · · · · · · · · · · · · · · · ·	D		DELETE	1 1 Till	 F		ADDITIONS/OFFANGES TO	OFF		Change	Addition
	ROMANO, JOSEPH		_	1.2 NAM						onlinge	Addition
	899 GRAHAM VILLE MONT F	IAYO				ADDRESS					
	QUEBEC, CANADA H3P-2E8			14 CHY							
	D		DELETE	2 1 11/1		<u>'</u>			· · ·	Change	Addition
NAMÉ	ROMANO, ANTONIO			2.2 NAM							
	960 J.M. LEFEBVRE ST LEO	NARO				ADDRESS					
	QUEBEC, CANADA H1R-3M8			2 4 CiTY		i					
TITLE			DELETE	3 1 T TL					1	Change	Addition
NAME				3.2 NAM					ı		
STREET ADDRESS				1		ADDRESS					
City - St - ZIP				3.4.0117							
TITLE			☐ DEL€ FE	4 1 TITL	ŧ		****			Change	☐ Addition
MAME				4.2 NAM	E	Ì					_
STREET ADDRESS				435°KE	ET.	ADDRESS					
CITY-ST-ZIP				4.4 CHTY	- \$1	1 - ZIP					
TITLE			☐ DELETE	5 1 TITL	F				[Change	☐ Addition
NAME				5.2 NAM	Ė						
STREET ADDRESS				5.3 STRE	ET#	ADDRESS					ļ
C:TY-ST-Z:P				5.4 CITY	-sr	f-ZiP					ļ
TIFLE			DELETE	6 1 TiTL					Ĭ	Change	Addition
NAME				6.2 NAM	Ξ				_		
STREET ADDRESS				6.3 STAC	E 1 4	ADDRESS					
C(TY+ST+ZIP				6.4 OITY		İ					
4 4 1 de becchi											

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. Hurther 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 ceth; that I am an officer or director of the depredation 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 Brock 13 if changed, or or an attachment with an address.

SIGNATURE:

SI