

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

FILED

Apr 30 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000026601 (1)**

1. Corporation Name
ROMNAT CONSULTANT, INC.



Principal Place of Business 2500 HOLLYWOOD BLVD. SUITE 215 HOLLYWOOD FL 33020	Mailing Address 2500 HOLLYWOOD BLVD. SUITE 215 HOLLYWOOD FL 33020-6615
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3. Date Incorporated or Qualified 03/31/1995	3a. Date of Last Report 06/05/1996
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2. Principal Place of Business 21 1222 N.E. 4th Avenue Suite, Apt. #, etc.	2a. Mailing Address 26 1222 N.E. 4th Avenue Suite, Apt. #, etc.
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22 Fort Lauderdale, Fl City & State	27 Fort Lauderdale, Fl City & State
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23 33304 Zip	24 U.S. Country	28 33304 Zip	29 U.S. Country
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4. FEI Number 56-0587094	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

**LABOSSIERE, MARC
2500 HOLLYWOOD BLVD. SUITE 215
HOLLYWOOD FL 33020**

10. Name and Address of New Registered Agent

81 Name Labossiere Marc
82 Street Address (P.O. Box Number is Not Acceptable) 1222 N.E. 4th Avenue
83
84 City Fort Lauderdale
85 Zip Code FL 33304

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

Marc Labossiere

4/13/97

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	ROMANO, JOSEPH	
STREET ADDRESS	899 GRAHAM VILLE MONT ROYAL	
CITY-ST-ZIP	QUEBEC, CANADA H3P-2E8	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROMANO, ANTONIO	
STREET ADDRESS	960 J.M. LEFEBVRE ST LEONARD	
CITY-ST-ZIP	QUEBEC, CANADA H1R-3M8	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE:

Joseph Romano
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph Romano **4/14/97** **(514) 738-3473**
Day Daytime Phone

0127483

CR2E034 (9/96)