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Apr 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P95000084847 (9)
1. Corporation Name
ROBYMAR CORP.



Principal Place of Business: 4943 E. HILLSBOROUGH AVENUE SUITE B TAMPA FL 33610 US
Mailing Address: 4943 E. HILLSBOROUGH AVENUE SUITE B TAMPA FL 33610-4743 US

3. Date Incorporated or Qualified: 11/06/1995
3a. Date of Last Report: 04/01/1996
4. FEI Number: 65-0617518
Applied For: Not Applicable
6. 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 3630 S. 51st Street, 22 TAMPA, FL, 23 33619, 24 US
2a. Mailing Address: 26 3630 S. 51st Street, 27 TAMPA, FL, 28 33619, 29 US, 30

9. Name and Address of Current Registered Agent: THOMPSON, DISNEY 169 EAST FLAGLER ST. SUITE 1527 MIAMI FL 33131

10. Name and Address of New Registered Agent: 81 Name: ROBERTO COMIN BADIA, 82 Street Address: 3630 S. 51st Street, 83, 84 City: TAMPA, FL, 85 Zip Code: 33619

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 to 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: *Roberto Comin* Roberto Comin President, DATE: 4-21-97

12. OFFICERS AND DIRECTORS

TITLE: D	NAME: COMIN-BADIA, ROBERTO	DELETED: <input type="checkbox"/>
STREET ADDRESS: 169 EAST FLAGLER ST., SUITE 1527	CITY-ST-ZIP: MIAMI FL	
TITLE: D	NAME: GONZALEZ, MARIELA	DELETED: <input type="checkbox"/>
STREET ADDRESS: 169 EAST FLAGLER ST., SUITE 1527	CITY-ST-ZIP: MIAMI FL 33131	
TITLE: D	NAME: IZAGUIRRE, MARITZA	DELETED: <input type="checkbox"/>
STREET ADDRESS: 169 EAST FLAGLER ST., SUITE 1527	CITY-ST-ZIP: MIAMI FL	
TITLE: D	NAME: COMIN, GLORIA	DELETED: <input type="checkbox"/>
STREET ADDRESS: 169 EAST FLAGLER ST., SUITE 1527	CITY-ST-ZIP: MIAMI FL 33131	
TITLE: <input type="checkbox"/>	NAME: <input type="checkbox"/>	DELETED: <input type="checkbox"/>
STREET ADDRESS: <input type="checkbox"/>	CITY-ST-ZIP: <input type="checkbox"/>	
TITLE: <input type="checkbox"/>	NAME: <input type="checkbox"/>	DELETED: <input type="checkbox"/>
STREET ADDRESS: <input type="checkbox"/>	CITY-ST-ZIP: <input type="checkbox"/>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: PRESIDENT, Director	Change: <input checked="" type="checkbox"/> Addition: <input type="checkbox"/>
1.2 NAME: ROBERTO COMIN BADIA	
1.3 STREET ADDRESS: 3630 S. 51st Street	
1.4 CITY-ST-ZIP: TAMPA FL 33617	
2.1 TITLE: TREASURER, Director	Change: <input checked="" type="checkbox"/> Addition: <input type="checkbox"/>
2.2 NAME: MARIELA GONZALEZ	
2.3 STREET ADDRESS: 3630 S. 51st Street	
2.4 CITY-ST-ZIP: TAMPA, FL 33617	
3.1 TITLE: Director	Change: <input checked="" type="checkbox"/> Addition: <input type="checkbox"/>
3.2 NAME: MARITZA IZAGUIRRE	
3.3 STREET ADDRESS: 3630 S. 51st Street	
3.4 CITY-ST-ZIP: TAMPA, FL 33617	
4.1 TITLE: Director	Change: <input checked="" type="checkbox"/> Addition: <input type="checkbox"/>
4.2 NAME: GLORIA COMIN	
4.3 STREET ADDRESS: 3630 S. 51st Street	
4.4 CITY-ST-ZIP: TAMPA, FL 33617	
5.1 TITLE: <input type="checkbox"/>	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
5.2 NAME: <input type="checkbox"/>	
5.3 STREET ADDRESS: <input type="checkbox"/>	
5.4 CITY-ST-ZIP: <input type="checkbox"/>	
6.1 TITLE: <input type="checkbox"/>	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
6.2 NAME: <input type="checkbox"/>	
6.3 STREET ADDRESS: <input type="checkbox"/>	
6.4 CITY-ST-ZIP: <input type="checkbox"/>	

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: *Roberto Comin* Signature and Typed or Printed Name of Signing Officer or Director, Date: 4-21-97, Daytime Phone #:

CFR2E034 (9/96)