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Mar 20 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 # **P95000088384 (9)**

1. Corporation Name
ROMERO IMPORT/EXPORT, INC.

Principal Place of Business	Mailing Address
12991 SOUTHWEST 112TH STREET MIAMI FL 33182	12991 SOUTHWEST 112TH STREET MIAMI FL 33186-4769

3. Date Incorporated or Qualified: **11/17/1995**
3a. Date of Last Report: **01/26/1996**

2. Principal Place of Business
21
Suite Apt. # etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: **65-0619475** ☐ 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

9. Name and Address of Current Registered Agent

XTHE LAW FIRM OF LAWRENCE X SPIEGEL XCHRTD XXX
X345 X ALMERIA AVENUE XXXXXXXXXXXXXXXXXX
XCORAL GABLES FL 33134XXXX

10. Name and Address of New Registered Agent

81 Name: LOURDES NIEVES
82 Street Address (P.O. Box Number is Not Acceptable): 15319 S.W. 69th LANE
83
84 City: MIAMI **FL** 85 Zip Code: 33193

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: X Lourdes Nieves VTD 3-14-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	XPTDX	☐ DELETE	1.1 TITLE	PSD	☒ Change ☐ Addition
NAME	XROMERO, JOSE ANTONIOXX		1.2 NAME	MORALES BLANCA	
STREET ADDRESS	X12991 SOUTHWEST 112TH STREETXX		1.3 STREET ADDRESS	1100 S.W. 93rd PlACE	
CITY-ST-ZIP	XMIAMI FL 33182XXXXXXX		1.4 CITY-ST-ZIP	MIAMI FL 33174	
TITLE	XVSDXX	☐ DELETE	2.1 TITLE	VTD	☐ Change ☐ Addition
NAME	XROMERO, JOSE ANTONIOXX		2.2 NAME	NIEVES LOURDES	
STREET ADDRESS	X12991 SOUTHWEST 112TH STREETXX		2.3 STREET ADDRESS	15319 SOUTHWEST 69th LANE	
CITY-ST-ZIP	XMIAMI FL 33182XXXXXXX		2.4 CITY-ST-ZIP	MIAMI FL 33193	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
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		

CR2E034 (9/96)

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: X Lourdes Nieves Lourdes Nieves VTD 3-14-97 (305)380-7372
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0251397