

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Jun 10 1997 8:00am  
Secretary of State

DOCUMENT # P95000097394 (7)

1. Corporation Name

BRUNO TASK FORCE AGENCY CORP.



Principal Place of Business

Mailing Address

407  
235 LINCOLN ROAD, SUITE 4-L  
MIAMI BEACH FL 33139

P.O. BOX 4560  
MIAMI BEACH FL 33141

2. Principal Place of Business

21 407 Lincoln RD  
Suite, Apt. #, etc.

22 4-L

City & State

23 Mia Beach, FL

Zip

24 33139

Country

2a. Mailing Address

26 Same  
Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

3. Date Incorporated or Qualified

01/01/1996

3a. Date of Last Report

4. FFI Number

65-0629903

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

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 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

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 ☐ DELETE

NAME PD ROMERO, BRUNO E

STREET ADDRESS 235 LINCOLN ROAD, SUITE 205

CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE ☐ DELETE

NAME VTD ROMERO, RHINA E

STREET ADDRESS 235 LINCOLN ROAD, SUITE 205

CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE ☐ DELETE

NAME SD ROMERO, EDUARDO

STREET ADDRESS 235 LINCOLN ROAD, SUITE 205

CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE ☐ DELETE

NAME D ROMERO, RHINA E (DAUGHTER)

STREET ADDRESS 235 LINCOLN ROAD, SUITE 205

CITY-ST-ZIP MIAMI BEACH, FL 33139

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME D ROMERO, RHINA E (DAUGHTER)

1.3 STREET ADDRESS 235 LINCOLN RD, SUITE 205

1.4 CITY-ST-ZIP MIAMI BEACH, FL 33139

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

5-1-97 (305)604-9555

CR2E034 (9/96)