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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000043503 1. Corporation Name

AROMA INC.

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90135 043 ***150.00

7111011717							
Principal Plac	e of Business	Mailing Address				* (00):(00) (48 - 0:10 0:11) 1011 1011 1011 1011 1011 101	
· ·	,	C/O MIGUEL M. GONZALEZ					
C/O MIGUEL M. GONZALEZ C/O MIGUEL M. GOI 970 MINORGA AVE.: GTE-5 270 MINORGA AVE.:							
CORAL GABLES FL 33134 CORAL GABLES FL 33134						DO NOT WRITE IN THIS SPACE	ı
						3. Date Incorporated or Qualified	
2. Principal P	Place of Business	2a. Mailing Address				4. FEI Number Applied For	
717 Ponce de Leon Blvd.		26 717 Ponce de Leon Blvd.			Rlad	65-0693045 Not Applicable	1
Suite, Apt. #, etc.		Suite, Apt. #, etc.			D 11 V (1 +	\$8.75 Additional	i
22 -Suite 317		27 -Suite-317				5. Certificate of Status Desired Fee Required	
City & Stat	te	City & State				6. Election Campaign Financing \$5.00 May Be	
23		28				Trust Fund Contribution Added to Fees	1
Zip	Country	Žip	_	intry		8. This corporation owes the current year Intangible Personal Property Tax Personal Property Tax	l
24	25	29 3	0			Personal Property Tax. Yes No 10. Name and Address of New Registered Agent	l
	9. Name and Address of Current	Registered Agent		81	Name	10. Name and Address of New Registered Agent	1
CON	NZALEZ, MIGUEL M			"	Name		ł
C/O MIGUEL M: GONZALEZ				82		Address (P.O. Box Number is Not Acceptable)	i
-,-	MINORGA AVE., STE-5	•		83	/1/	Ponce de Leon Blvd.	
	RAL GABLES FL 33134			0.5	Suit	te 317	
001	INE CADELO I E CO TO			84	City	FL 85 Zip Code	ĺ
44 5	10.007.0507	and CO7 4509. Elevide Statutes	the a	bouo	named so	corporation submits this statement for the purpose of changing its registered	ĺ
office or i	registered agent or both, in the State (if Florida. Such channe was auti	nonzec	יעסנ	tne comora	ration's board of directors. I hereby accept the appointment as registered	1
agent. I a	im familiar with, and accept the obligat	ions of, Section 607.0505, Florid	la Stati	utes.		•	
SIGNATURE	Signature, typed or printed name of registered agent	and title if perlicable (NOTE: D	agistarad	Agan	t signature regu	squired when reinstating) DATE	۔ ا
12.	OFFICERS AN		13.	ngon	t signature requ	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	Š
TITLE	D	☐ DELETE	1.1 TITLE 1.2 NAME			Change Addition	1 5
NAME	ORDONEZ, DIANA						;_ا
STREET ADDRESS	ATT ANNOUGH AND CHIEF F		1.3 STREET ADDRESS 7		ADDRESS	717 Ponce de Leon Blvd., Suite 317	
CITY-ST-ZIP	CORAL GABLES FL 33134		1.4 CITY-S			, , , , , , , , , , , , , , , , , , ,] 8
TITLE		☐ DELETE	2.1 TITLE			Change Addition	۱ ۲
NAME			2.2 NAME				
STREET ADDRESS			2.3 \$	2.3 STREET ADDRESS			
CITY-ST-ZIP			2.4 C	2.4 CITY-ST-ZIP		<u> La la companya de l</u>	
TITLE		☐ DELETE	3.1 TITLE			☐ Change ☐ Addition	ì
NAME			3.2 NAME				ĺ
STREET ADDRESS			3.3 S	TREET	ADORESS		(
CITY-ST-ZIP			3.4. C	TY-S	T-ZIP		1
TITLE		☐ DELETE	4.1 ∏	TLE		☐ Change ☐ Addition	
NAME			4. 2 N	AMÉ	ļ		
STREET ADDRESS			4.3 S	TREET	ADDRESS		
CITY-ST-ZIP							
TITLE				TY-S1	T-ZIP	Column C Addition	
NAME		☐ DELETE	5.1 TI	TLE	T-ŻIP	☐ Change ☐ Addition	
] '''-		☐ DELETE	5.1 TI 5.2 N	TLE		☐ Change ☐ Addition	
STREET ADDRESS		☐ DELETE	5.1 TI 5.2 No 5.3 ST	TLE AME TREET	TADDRESS	☐ Change ☐ Addition	
STREET ADDRESS CITY+ST-ZIP			5.1 TI 5.2 N 5.3 S 5.4 C	TLE AME TREET	TADDRESS		
STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE	5.1 TI 5.2 No 5.3 Si 5.4 Ci 6.1 TI	TLE AME TREET TY-ST	TADDRESS	☐ Change ☐ Addition☐ Change ☐ Change ☐ Addition☐ Change ☐ Change ☐ Addition☐ Change ☐	
STREET ADDRESS CITY-ST-ZIP TITLE NAME			5.1 TI 5.2 No 5.3 ST 5.4 CI 6.1 TI 6.2 No	TLE AME TREET TY-ST TLE AME	T ADDRESS T-ZIP		
STREET ADDRESS CITY-ST-ZIP TITLE			5.1 TI 5.2 N 5.3 S 5.4 CI 6.1 TI 6.2 N 6.3 S	TLE AME TREET TY-ST TLE AME	T ADDRESS T-ZIP T ADDRESS		

14. I 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, with all other like empowered.

SIGNATURE:

305-461-1650