


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

FILED
May 08 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 # P96000086964 (9)

1. Corporation Name
ROMAR INVESTMENT, INC.



Principal Place of Business 5520 W. FLAGLER STREET SUITE A MIAMI FL 33134	Mailing Address 5520 W. FLAGLER STREET SUITE A MIAMI FL 33134-1066
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/22/1996		3a. Date of Last Report	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0745911		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MESA, ROBERTO 4565 S.W. 87TH AVENUE MIAMI FL 33185				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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	NAME	MESA, ROBERTO	1.1 TITLE		Change	Addition
STREET ADDRESS			4565 S.W. 87TH AVENUE	1.2 NAME			
CITY-ST-ZIP			MIAMI FL 33185	1.3 STREET ADDRESS			
TITLE	VD	NAME	MESA, MARTHA	1.4 CITY-ST-ZIP		Change	Addition
STREET ADDRESS			4565 S.W. 87TH AVENUE	2.1 TITLE			
CITY-ST-ZIP			MIAMI FL 33185	2.2 NAME			
TITLE	SD	NAME	MESA, MARTH J	2.3 STREET ADDRESS			
STREET ADDRESS			4565 S.W. 87TH AVENUE	2.4 CITY-ST-ZIP		Change	Addition
CITY-ST-ZIP			MIAMI FL 33185	3.1 TITLE			
TITLE	TD	NAME	MESA, MARGARITA	3.2 NAME			
STREET ADDRESS			4565 S.W. 87TH AVENUE	3.3 STREET ADDRESS			
CITY-ST-ZIP			MIAMI FL 33185	3.4 CITY-ST-ZIP		Change	Addition
TITLE		NAME		4.1 TITLE			
STREET ADDRESS				4.2 NAME			
CITY-ST-ZIP				4.3 STREET ADDRESS			
TITLE		NAME		4.4 CITY-ST-ZIP		Change	Addition
STREET ADDRESS				5.1 TITLE			
CITY-ST-ZIP				5.2 NAME			
TITLE		NAME		5.3 STREET ADDRESS			
STREET ADDRESS				5.4 CITY-ST-ZIP		Change	Addition
CITY-ST-ZIP				6.1 TITLE			
TITLE		NAME		6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP		Change	Addition

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 _____

CR2E034 (9/96)