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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Feb 20 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000086964 (9)

ROMAR	INVESTMENT, INC.				
Principal Plec	e of Rusiness	Mailing Address			
·		5520 W. FLAGLER STREE	•		
5520 W. FLAGLER STREET 5520 W. FLAGLER STRI SUITE A SUITE A					
MIAMI FL 33134		MIAMI FL 33134		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
9 Principal P	ace of Business	2a. Mailing Address		10/22/1996 4. FEI Number	Applied For
21 26		 		65-0745911	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the o	
24	25 A Name and Address of Curren		30	Personal Property Tax due June 30.	Yes No
9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name 81 Name					
MESA, KUDERTU					
4365 S.W. 8719 AVENUE MIAMI FL 33165			82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
MIN	MI FL 33103		63		······································
			84 City	F	85 Zip Code
11. Pursuant i	to the provisions of Sections 607,050)2 and 607.1508, Florida Statute	s, the above-named corp		
office or ri agent. I ai	egistered agent, or both, in the State m familiar with, and accept the oblig	: of Florida. Such change was a lations of, Section 607.05 05 , Flo	uthorized by the corporati rida Statutes.	oration submits this statement for the purpose ion's board of directors. I hereby accept the a	ppointment as registered
SIGNATURE	,		•		
	Signature, typed or printed name of registered ag-		Registered Agent signature require		
12.		ID DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PD NECA DOBERTO	TT DEFCIE	1.1 TITLE		☐ Change ☐ Addition
NAME	MESA, ROBERTO 4565 S.W. 87TH AVENUE		1.2 NAME		
STREET ADDRESS	MIAMI FL		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	VD	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
NAME	MESA, MARTHA		2.2 NAME		
STREET ADDRESS	4565 S.W. 87TH AVENUE		2.3 STREET ADDRESS		ľ
CITY-ST-ZIP	MIAMI FL 33165		2. 4 CITY - ST - ZIP		
TITLE	\$D	☐ DELETE	3.1 TITLE		Change Addition
NAME	MESA, MARTH J		3.2 NAME		
STREET ADDRESS	4585 S.W. 87TH AVENUE		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33165		3.4. CITY-ST-ZIP		
TITLE {	10	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MESA, MARGARITA		4. 2 NAME		
STREET ADDRESS	4565 S.W. 87TH AVENUE		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33165	- Document	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		DELETE	5.4 CITY - ST - ZIP		Change Addition
TITLE		T Dereie	6.1 YITLE		Change Addition
NAME OTREET ANNOESS			6.2 NAME 6.3 STREET ADDRESS		
STREET ADDRESS			6.3 STREET AUDRESS		

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 supplimental annual report have and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation of 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 changes, or an attachment with an address.