

FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P96000089749

1. Corporation Name ROM TRADING, CORP.

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

04-23-1999 90050 018 \*\*\*150.00

District Disease		Mailing Address				18610 18161 1801	#{B(B   B     B	
Principal Place		Mailing Address						
11728 SW 1ST CORAL SPRING		11728 SW 1ST STREET CORAL SPRINGS FL 33071			DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed			
	•				10/31/1996		J	
9 Oringinal DI	ace of Business	2a. Mailing Address			4 FEI Number	Ar	plied For	
<del></del>	ace of business	2a. Walling Address	Maning Address		65-0710927		t Applicable	
Suite, Apt.	Suite, Apt. #, etc.			\$8.75		Additional		
	m, etc.	27			-5. Certificate of Status Desired		equired	
City & State	· · · · · · · · · · · · · · · · · · ·	City & State	itv & State		6. Election Campaign Financing	\$5.00	May Re	
23	-	28		Trust Fund Contribution	•	to Fees		
Zip	Country	Zip Country		8. This corporation owes the current year In	angible			
24	25	29 30	1		Personal Property Tax.	Yes	□No	
	9. Name and Address of Currer		1		10. Name and Address of New Registered	Agent		
1		, <u>, , , , , , , , , , , , , , , , , , </u>	81	Name				
ROM	AGOSA, HECTOR A		92	Ctroct Add	roce (B.O. Boy Number is Not Accentable)			
1172	8 SW 1ST STREET		82	Street Address (P.O. Box Number is Not Acceptable)				
COR	AL SPRINGS FL 33071		83			-		
			<u> </u>	<del></del>		<del>                                    </del>		
	* * * * * * * * * * * * * * * * * * * *		84	City	FL	85 Zip	Code	
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes,	the above	-named com	poration submits this statement for the purpose of	changing its	registered	
office or re	egistered agent, or both, in the State in familiar with, and accept the obliga	of Florida. Such change was authoritions of, Section 607.0505, Florida	orized by Statutes	tne corporati	ion's board of directors. I hereby accept the appoint	inineni as re	gistered	
•							ĺ	
ŞIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE: Re-	gistered Ager	t signature require	ed when reinstating) DATE			
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A			
TITLE	D	☐ DELETE	1.1 TITLE			Change	Addition	
NAME	ROMAGOSA, HECTOR A		1.2 NAME		•		ļ	
STREET ADDRESS	11728 SW 1ST STREET	1.3 5		ADDRESS			1	
CITY-ST-ZIP	CORAL SPRINGS FL 33071		1.4 CITY-S	T-ZIP				
TITLE	D	☐ DELETE	2.1 TITLE			☐ Change	☐ Addition	
NAME	ROMAGOSA, CARLOS J		2.2 NAME					
STREET ADDRESS	11728 SW 1ST STREET,		2.3 STREE	ADDRESS				
CITY-ST-ZIP	CORAL SPRINGS FL 33071	e mang garan ay a a	2.4 CITY-5	T-ZIP -	The second secon			
TITLE		☐ DELETE	3.1 TITLE			☐ Change	☐ Addition	
NAME :			3.2 NAME				}	
STREET ADDRESS			3.3 STREE	ADDRESS				
CITY-ST-ZIP			3.4. CITY- S	T-ZIP				
TITLE		☐ DELET <b>E</b>	4.1 TITLE			Change	☐ Addition	
NAME			4. 2 NAME				i	
STREET ADDRESS	•		4.3 STREE	ADDRESS			ļ	
CITY+ST-ZIP		•	4.4 CITY-S	T-ZIP				
TITLE		☐ DELETE	5.1 TITLE		<del></del>	☐ Change	Addition	
NAME			5.2 NAME					
STREET ADDRESS	•		5.3 STREE	ADDRESS				
CITY-ST-ZIP			5.4 CITY-S	T-ZIP				
TITLE	44.00	☐ DELETE	6.1 TITLE			☐ Change	Addition	
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREE	ADDRESS				
CITY-ST-ZIP			6.4 CM 9-S	T- ZIP			• [	
G11 C10 C120			_ / /					

14. I hereby certify that the information supplied with this filing does oft 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 if 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 trusted 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.

SIGNATURE: \_