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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000090824

1. Corporation Name

ROMA INDUSTRIES INC.

Principal Place of Business
2383 WEST 77TH STREET
HIALEAH FL 33016
US

FILED Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90053 009 ***158.75



Principal Place	e of Business	Malling Address			1			
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HIALEAH FL 33	016	HIALEAH FL 33016			DO NOT WOIT	- 151	ימאפר	
US		US		DO NOT WRITE IN THIS SPACE				
•					3. Date Incorporated or Qualifed			
	•				11/01/1996			
2. Principal Pl	face of Business	2a. Mailing Address			4. FEI Number			opplied For
21		26			65-0722826			tot Applicable
Suite, Apt.	#; etc	Suite, Apt. #, etc.			5. Certifcate of Status Desired	X	•	Additional
22		27				<u>/` </u>		Required
City & State	e	City & State			6. Election Campaign Financing		\$5.00	May Be
23		28			Trust Fund Contribution			to Fees '
Zip	Country	Zip	Con	ntry	8. This corporation owes the curre			\
24	25	29	30		Personal Property Tax.		∐ Yes	No
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Re	egistered A	gent	
DEV	NOLDS LEDOV D			81 Name				
	NOLDS, LEROY R			82 Street Add	ress (P.O. Box Number is Not Acceptab	ole)		
	I1 S.W. 9TH COURT					•		
PEM	BROKE PINES FL 33025			83				
				04 035			os 7ir	Code
				84 City		FL	85 Zip	0000
office or n	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	of Florida. Such change was	s authorized	i by the corporati	oration submits this statement for the poor's board of directors. I hereby accept	the appoint	nanging it ment as r	egistered egistered
SIGNATURE	Signature, typed or printed name of registered agen	nt and title if applicable. (NO	OTE: Registered	Agent signature require	ed when reinstating)	DATE		
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	ICERS AND	DIRECT	ORS IN 12
TITLE	PTSD	☐ DELETE	1.1 TI	TLE .			☐ Change	Addition
NAME	REYNOLDS, LEROY R		1.2 NA	ME !				
STREET ADDRESS	10011 S.W. 9TH COURT		1.3 ST	REET ADDRESS				
C/TY-ST-ZIP	PEMBROKE PINES FL			TY-ST-ZIP				
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CITY-ST-ZIP				en commune il				
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		☐ DELETE	3.1 TT 3.2 NJ	TLE AME			☐ Change	Addition
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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:

22 REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR