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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 1. Corporation Name P97000006201 (2)

AROMAKER INDUSTRIES INC.

Principal Place of Business	Mailing Address	
14852 SW 148 ST. CIR. Miami FL 33186	14852 SW 148 ST. CIR. Miami FL 33186	

## **FILED** Apr 21 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					T CARLINGO INO LOSAT KARIN ORNIN ARINI ORNIN ORNIN ORNIN ORNIN ORNIN ORNIN ORNIN ORNIA LANDI NODI		
14852 SW 148 ST. CIR. 14852 SW 148 ST. CIR. MIAMI FL 33186 MIAMI FL 33186					DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified		
					01/22/1997		
<b>⊢</b> '	lace of Business	2a. Mailing Address		_	4. FEI Number Applied For Applied For		
21		26			65-0752989 Not Applicable		
Suite, Apt.	#, छाट.	Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional Fee Required		
City & Stat	6	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Count	iry	8. This corporation owes or has paid the current year Intangible		
24	25 29 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 CANOLICEDE 1							
CAIVO, JOSEPH J					•		
14852 SW 148 ST. CIR.			8	2 Street Ad	Idress (P.O. Box Number is Not Acceptable)		
MIA	MIAMI FL 33186		a	3			
			8	4 City	FL 85 Zip Code		
11. Pursuant	to the provisions of Sections 607.05	502 and 607.1508, Florida Stat	utes, the abo	ve-named co	progration submits this statement for the purpose of changing its registered		
office or r	egistered agent, or both, in the Sta m familiar with, and accept the obli	te of Florida. Such change was gations of, Section 607,0505. I	s authorized I Florida Statut	by the corpor es.	ration's board of directors. I hereby accept the appointment as registered		
SIGNATURE	•						
	Signature, typed or printed name of registered a			geni signature req	guired when reinstating) DATE.		
12.		ND DIRECTORS  DELETE	13.	<del></del>	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition		
TITLE NAME	DPS Caivo, Joseph J	L. Detere	1.1 TITLE 1.2 NAM		Change Mounton		
STREET ADDRESS	14852 SW 148 ST. CIR.		1	ET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33186		1.4 CITY				
TITLE	MINAMI I C 00 100	DELETE	2.1 TITLE		Change Addition		
NAME		_	2.2 NAM	1	— · —		
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP			2.4 CITY	- ST - ZIP			
TITLE		DELETE	3.1 TITLE		Change Addition		
NAME			3.2 NAM	E .			
STREET ADORESS			3 3 STRE	ET ADDRESS			
CITY-ST-ZIP			3.4. CITY				
TITLE		☐ DELETE	4.1 TITLE		Change Maddition		
NAME			4. 2 NAM	l l			
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP		☐ DELETE	4.4 CITY		Change Addition		
TITLE		LI DECETE	5.1 TITLE	i	Li Change   Addition		
NAME STOCET ADDOCSS			5.2 NAM	ET ADDRESS			
STREET ADDRESS CITY-ST-ZIP			5.4 CITY				
TITLE		DELETE	6.1 TITLE		Change Addition		
NAME			6.2 NAM				
STREET ADDRESS				ET ADDRESS			
CHTY-ST-ZIP			6.4 CITY				
	earthy that the information eupplied	with the titre door not availy			in Section 119 07(3)(i) Florida Statutes, I further certify that the information		

indicated on this annual report or supplied with the information following the transfer defined 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 report of rustee 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 alternity with an address.

**SIGNATURE:** 

JOSEPH J. CAILVO