

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

FILED  
Feb 17 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000020124 (8)

1. Corporation Name  
AROMA USA, INC.



Principal Place of Business

444 BRICKELL AVENUE  
SUITE 300  
MIAMI FL 33131

Mailing Address

444 BRICKELL AVENUE  
SUITE 300  
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/04/1997

4. FEI Number

65-0768892

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 8275 West 12th Avenue

22 Suite, Apt. #, etc.  
Suite 205

23 City & State  
Hialeah, FL

24 Zip  
33014

25 Country  
USA

2a. Mailing Address

26 8275 West 12th Avenue

27 Suite, Apt. #, etc.  
Suite 205

28 City & State  
Hialeah, FL

29 Zip  
33014

30 Country  
USA

9. Name and Address of Current Registered Agent

MERKIN, STEWART A  
444 BRICKELL AVENUE  
SUITE 300  
MIAMI FL 33131

10. Name and Address of New Registered Agent

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

TITLE D ☐ DELETE

NAME MANSILLA S., MARIO A  
STREET ADDRESS 444 BRICKELL AVENUE, SUITE 300  
CITY-ST-ZIP MIAMI FL 33131

TITLE D ☐ DELETE

NAME DE MANSILLA, GLORIA  
STREET ADDRESS 444 BRICKELL AVENUE, SUITE 300  
CITY-ST-ZIP MIAMI FL 33131

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D/P ☒ Change ☐ Addition

1.2 NAME MANSILLA S., MARIO A.  
1.3 STREET ADDRESS 8275 West 12th Avenue, Suite 205  
1.4 CITY-ST-ZIP Hialeah, FL 33014

2.1 TITLE D ☒ Change ☐ Addition

2.2 NAME DE MANSILLA, GLORIA  
2.3 STREET ADDRESS 8275 West 12th Avenue, Suite 205  
2.4 CITY-ST-ZIP Hialeah, FL 33014

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.

SIGNATURE

MARIO MANSILLA

02/12/98

(305) 510 1896

CR2E034 (10/97)