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

PROFIT CORPORATION ANNUAL REPORT

1998



11 ORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

	MENT # P970( RO GROUP, INC.	00039	9883 (8	)					
Principal Place of Business 4100 PALM AVENUE HIALEAH FL 33012		Mailing Address 4100 PALM AVENUE HIALEAH FL 33012							
İ							DO NOT WRITE IN THIS S  3. Date Incorporated or Qualified	SPACE	
2 Principal Pl	ace of Business	l so M	lailing Address				<b>05/02/1997 4.</b> FEI Number		Applied For
21	DO OF EMORINGOO	26	h				65-0751917		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		5 Additional	
City & State	<del></del>	City & State			· · · · · · · · · · · · · · · · · · ·	6. Election Campaign Financing	~	Required	
23		28	Ny to totalio				Trust Fund Contribution		O May Be d to Fees
Zip	Country Zip		ib.	Country			8. This corporation owes or has paid the cur-		
24	25 9. Name and Address of Curr	29 ent Benister	ed Apent	30			Personal Property Tax due June 30.  10. Name and Address of New Registered	Yes	∐ No
RO	MERO, MARIA EUGENIA			81	Nar	ne			
4100 PALM AVENUE				82	Stre	el Addre	ess (P.O. Box Number is Not Acceptable)		
, HIA	NEAH FL 33012			83	ļ				
ė .				L					
				84	City	'	FL	<b>85</b> Zi	p Code
11. Pursuant to office or reagent. Lai	o the provisions of Sections 607.05 ogistered agent, or both, in the Sta m familiar with, and accept the obt	502 and <b>6</b> 07. Te of Flouda Igations of, S	1508, Florida Statu Such change was ection 607.0505, f	ites, the above authorized by forida Statule	e-nam y the o	ed corpo corporation	oration submits this statement for the purpose of on's board of directors. I hereby accept the app	changing ointment	its registered as registered
SIGNATURE	Signature, type for planted name of high ten dia	incompany to Til	no Le alde	M. Doorlessed An	ont clans	nt. in a rock like	ed when reinstating) DATE		
12.	OFFICERS A			13.	ent signa	atore require	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	ORS IN 12
TITLE	D		DELETE	1.1 TO LE				Chang	e 🔲 Addition
NAME	ROMERO, MARIA EUGENIA			1.2 NAME					
STREET ADDRESS  CITY-ST-ZIP	4100 PALM AVENUE HIALEAH FL 33012			1 3 STREET		SS			
TITLE	THREENITY COOTE		DELETE	21 TITLE	51-21P	<del></del>		Chang	e Addition
NAME				22 NAME					
STREET ADDRESS				23 STREET	ADDRES	ss	•		
CITY-ST-ZIP TITLE	<del></del>	·	DELETE	2 4 CITY - 1 3 1 TITLE	ST-ZIP			☐ Chang	eAddition
NAME			_ meen	3 2 NAME					7,000,000
STREET ADDRESS				3 3 STREET	ADDRES	ss			
CITY-S1-ZIP			· - · ·	3 4. CITY-	ST-ZIP	<u> </u>			
TATLE			DELETE	4 1 TITLE				Change	e 🔲 Addition
NAME STREET ADDRESS				4 2 NAME 4 3 STREET	ACIENDES	20			
CITY-ST-ZIP				4.4 CITY-S		22			
TITLE			DELETE	5 1 TITLE				Chang	e Addition
NAME				5.2 NAME					
STREET ADDRESS				5.3 STREET		SS			
CITY-ST-7IP TITLE			DELETE	5.4 City - 9 6.1 Title	1-7IP			Change	e Addition
NAME				6.2 NAME				•	_
STREET ADDRESS				6.3 STREET	ADDRES	SS			

14. Thereby 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 suppliemental 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.

CICNIATUDE.

Maria

Jamoga

4-30-98 (305)444.7752

**FILED** 

Jun 04 1998 8:00am

Secretary of State

R2E034 (10/97)