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

FILED Feb 12 1998 8:00am PROFIT ELORIDA DEPARTMENT DE STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # P97000054511 (5) ROMA INDUSTRIES, INC. OF MIAMI Principal Place of Business Mailing Address 3030 MCDONALD ST. 3030 MCDONALD ST. MIAMI FL 33133 MIAMI FL 33133 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/12/1997 Applied For 20 ECULIA AVE 65-076062 Not Applicable \$8.75 Additional 6. Certificate of Status Desired Fee Required \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes 10. Name and Address of New Registered Agent Name (ROMA, GREGORY S 3030 MCDONALD ST. **MIAMI FL 33133** Pursuant to the provisio office or registered age agent. I am familiar with apt 607, 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered of loridir. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered flors of, Section 607,0505, Florida Statutes. regos Registered Agent sion 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE 1.1 TITLE TITLE ROMA, GREGORY S 1.2 NAME NAME 3030 MCDONALD ST. STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33133** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change ☐ Addition 21 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 3 1 TITLE 3 2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP DELFTE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Change Addition DELFTE TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6 1 TITLE Change Addition NAME 6.2 NAME

6.3 STREET ADDRESS

use 602, not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an acfece or inpowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in with an address.

6.4 CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

14. Thereby certify that the informat indicated on this annual report of officer or director of the corporal Block 12 or Block 13 if changed

SIGNATURE: