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Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000076838 (6)

ROMANO FREIGHT & WAREHOUSE INC.

MIAMI FL 33177

MIAMI FL 33177

MIAMI FL 33177

MIRANDA, MARIBEL

MIRANDA. ROBERTO R

14534 S.W. 167 TERRACE

14534 S.W. 167 TERRACE

CITY-ST-ZIP

STREET ADDRESS

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14534 S.W. 167 TERRACE 14534 S.W. 167 TERRACE **MIAMI FL 33177 MIAMI FL 33177** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/04/1997 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-079991 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Ζiρ Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. Yes 25 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name RODRIGUEZ, NORKA 14534 S.W. 167 TERRACE 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33177** 63 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 egont, 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. KodRique 2 NORKA SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12, OFFICERS AND DIRECTORS 13. DELETE Change Addition TITLE D 1.1 TITLE MIRANDA, ROBERTO NAME 12 NAME 14534 S.W. 167 TERRACE STREET ADDRESS 1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.3 STREET ADDRESS

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6.3 STREET ADDRESS

3.4. CITY-ST-ZIP

2.4 CITY - ST - ZIP

2.1 TITLE

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3.1 TITLE

3.2 NAME

4.1 TITLE 4. 2 NAME

5.1 THILE

5.2 NAME 5.3 STREET ADDRESS

61 TITLE

6.2 NAME

DELETE

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DELETE

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64 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 chapter 607, or on an all chiment with an address.

SIGNATURE:

lut Minus

Roberto Miranda

4-15-98

FILED

Apr 23 1998 8:00am

Secretary of State

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