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

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # P97000078947

1. Corporation Name
ROMOPEC & ASSOCIATES, INC.

Principal Place of Business | Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip | Country
24 | 25

2a. Mailing Address
26 P.O. BOX 140716
Suite, Apt. #, etc.
27
City & State
28 CORAL GABLES, FL
Zip | Country
29 33114 | 30

4. F.E.I. Number
65-0782278
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$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

9. Name and Address of Current Registered Agent

JULIA L. ROMNEY
10145 N.W. 26 ST.
MIAMI, FL 33172

10. Name and Address of New Registered Agent

81 Name JULIA L. ROMNEY
82 Street Address (P.O. Box Number is Not Acceptable) * 10145 N.W. 26 ST.
83
84 City MIAMI, FL 33172 **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 or 617.0502, 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 _____ (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT JESUS ERNESTO PEREZ	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	P.O. BOX 140716 CORAL GABLES, FL 33114 N/A
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V. PRESIDENT SUSANNA R. PEREZ	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	P.O. BOX 140716 CORAL GABLES, FL 33114 N/A
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	500002557265--E -05/12/98--01020--014 ****150.00 ****150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	SEC 6-5-98

☐ DELETE ☐ Change ☐ Addition

14. I hereby 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 added above.

SIGNATURE: SUSANNA R. PEREZ 4-28-98 (305) 586-9491
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/97)