

2000 UNIFORM BUSINESS REPORT (UBR)

FILED  
May 10, 2000 8:00 am  
Secretary of State  
05-10-2000 90088 031 \*\*\*150.00

DOCUMENT # P98000082452  
Entity Name  
ROMAX INTERNATIONAL, INC.

Principal Place of Business Mailing Address  
CORAL WAY 6850 CORAL WAY  
204 SUITE 204  
FL 33155 MIAMI FL 33155-1758

Principal Place of Business 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
City & State City & State  
Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0868423 Applied For Not Applicable  
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent  
GONZALEZ-AQUIAR, JUAN C  
6850 CORAL WAY  
SUITE 204  
MIAMI FL 33155  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back). FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State  
10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

| 11. OFFICERS AND DIRECTORS                     |  | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|--|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PSTD<br>BENITEZ, ROBERTO<br>680 W. PARK DRIVE APT 105<br>MIAMI FL 33172<br><input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Roberto Benitez, President 4/25/2000 662-6494  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)