

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90268 035 ***150.00

PROPIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000101959

1. Corporation Name

DIROMA ENTERPRISES, INC.

Principal Place of Business 2100 HOLLYWOOD BOULEVARD HOLLYWOOD FL 33020	Mailing Address 2100 HOLLYWOOD BOULEVARD HOLLYWOOD FL 33020
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 16407 N.E. 67th Ave. Suite, Apt. #, etc.		2a. Mailing Address 28 16407 N.E. 67th Ave. Suite, Apt. #, etc.		3. Date Incorporated or Qualified 12/04/1998		4. FEI Number 65-0881635		Applied For Not Applicable	
22 City & State 23 Miami Lakes, Florida		27 City & State 28 Miami Lakes, Florida		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24 33014 25 U.S.A.		29 33014 30 U.S.A.							

9. Name and Address of Current Registered Agent

D'ERRICO, DINO
 2439 RALEIGH STREET
 HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 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

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE Pres.	D'ERRICO, DINO <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D'ERRICO, DINO	1.2 NAME	
STREET ADDRESS	2439 RALEIGH STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33020	1.4 CITY-ST-ZIP	
TITLE V. Pres.	MARCEL P. D'ERRICO <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARCEL P. D'ERRICO	2.2 NAME	
STREET ADDRESS	1905 N. ATLANTIC BLVD, #4A	2.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33305	2.4 CITY-ST-ZIP	
TITLE Secty. + Treas.	STEFANIA R. D'ERRICO <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEFANIA R. D'ERRICO	3.2 NAME	
STREET ADDRESS	1905 N. ATLANTIC BLVD, #4A	3.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33305	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-29-99
 (305) 825-0588
 (954) 522-5336
 Date Daytime Phone #

CR2E034 (1/198)