

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED

1995 JUL 20 AM 10:18

STATE OF FLORIDA
 TALLAHASSEE, FLORIDA

DOCUMENT # **V16366** (9)

1. Corporation Name
ROMECO, INC.

Principal Place of Business Mailing Address
10405 N. KENDALL DRIVE **10405 N. KENDALL DRIVE**
A-211 **A-211**
MIAMI FL 33176 **MIAMI FL 33176**
US **US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/24/1992** 3a. Date of Last Report **07/21/1994**

4. FEI Number **~~50-3044868~~ 65-0319778** 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 has liability for intangible tax under s. 199 U.S. Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. # etc 26 Suite, Apt. #, etc.

22 City & State 28 City & State

23 Zip Country 29 Zip Country 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROHENES, FRANCISCO J.
10405 N. KENDALL DR.
A-211
MIAMI FL 33176

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 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 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 of person or persons named as registered agent last line of application)

(Signature of Registered Agent (signature required after reinstatement))

(Date)

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	ROHENES, FRANCISCO J.
STREET ADDRESS	10405 N KENDALL DR, A-211
CITY, ST, ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONAL OFFICERS AND DIRECTORS (After Change or Addition)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11 TITLE	
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 and am receiving no remuneration therefrom and that my name appears in Block 12 or Block 13 if changed, or on my attachment to an address.

SIGNATURE: *Francisco J. Rohenes* (FRANCISCO J. ROHENES) 7/17/95 (305) 279-7322

CR2E004 (3/95)