

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

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Feb 14 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **V48267** (1)
1. Corporation Name
ROMANSON, INC



Principal Place of Business
**9453 HARDING AVENUE
SURFSIDE FL 33154
US**

Mailing Address
**9453 HARDING AVENUE
SURFSIDE FL 33154-2903
US**

3. Date Incorporated or Qualified
06/29/1992

3a. Date of Last Report
02/29/1996

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

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip Country
29 30

4. FEI Number
65-0344081 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. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**GOMBERG, ROMAN
210 - 174TH STREET
SUITE 1103
NORTH MIAMI BEACH FL 33180**

10. Name and Address of New Registered Agent
81 Name **Alex GOMBERG**
82 Street Address (P.O. Box Number is Not Acceptable)
21375 MARINA GOLF CIR. apt A-12
83
84 City **miami** FL 85 Zip Code **33180**

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]* DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
P	GOMBERG, ROMAN	210 174TH ST N MIAMI BEACH FL		<input type="checkbox"/>
S	GOMBERG, FIRA	210 174 STREET STE 1103 NORTH MIAMI BEACH FL		<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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 changed, or on an attachment with an address.

SIGNATURE: *Roman Gomburg* 1-25-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0208555

CR2E034 (9/96)