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May 07 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 # **P96000001505 (2)**

1. Corporation Name
ROM MARKETING, INC.

Principal Place of Business	Mailing Address
~~4845 NORTHWEST 7 STREET, SUITE 5-206 MIAMI FL 33126~~	~~4845 NORTHWEST 7 STREET, SUITE 5-206 MIAMI FL 33126-2177~~

3. Date Incorporated or Qualified: 01/05/1996
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 8960 W. 16 AVE.	26 8960 W. 16 AVE.
Suite, Apt. #, etc. 22 HIALEAH	Suite, Apt. #, etc. 27 HIALEAH,
City & State 23 FLORIDA	City & State 28 FLORIDA
Zip 24 33014 Country 25 DADE	Zip 29 33014 Country 30 DADE

4. FEI Number: 65-0632699 ☐ 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

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name: JOSE I. PADIAC, CPA
82 Street Address (P.O. Box Number is Not Acceptable): 999 PONCE DE LEON # 715
83
84 City: CORAL GABLES, FL 85 Zip Code: 33134

11. Pursuant to the provisions of Section 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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [signature] 4/27/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	1.1 TITLE	☑ Change ☐ Addition
NAME	HERRERA, REYNALDO P	1.2 NAME	
STREET ADDRESS	~~4845 NORTHWEST 7 STREET, SUITE 5-206~~	1.3 STREET ADDRESS	8960 W. 16 AVE
CITY-ST-ZIP	~~MIAMI FL 33126~~	1.4 CITY-ST-ZIP	HIALEAH, FL 33014
TITLE	VTD ☐ DELETE	2.1 TITLE	☑ Change ☐ Addition
NAME	BELLOSO, MARIA L	2.2 NAME	
STREET ADDRESS	~~4845 NORTHWEST 7 STREET, SUITE 5-206~~	2.3 STREET ADDRESS	8960 W. 16 AVE.
CITY-ST-ZIP	~~MIAMI FL 33126~~	2.4 CITY-ST-ZIP	HIALEAH, FL. 33014
TITLE	~~VSD~~ ☑ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	~~HERRERA, OTTO J~~	3.2 NAME	
STREET ADDRESS	~~4845 NORTHWEST 7 STREET, SUITE 5-206~~	3.3 STREET ADDRESS	
CITY-ST-ZIP	~~MIAMI FL 33126~~	3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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: [signature] 4/27/97