

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **283197** (2)

1. Corporation Name
GLENROYAL ENTERPRISES, INC.



Principal Place of Business: % FRANCISCO PRADO, 8350 SUNSET DRIVE, S MIAMI FL 33143
Mailing Address: % FRANCISCO PRADO, 8350 SUNSET DRIVE, S MIAMI FL 33143

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

3. Date Incorporated or Qualified: 07/10/1964
3a. Date of Last Report: 01/31/1995
4. FEI Number: 59-1704303
5. Certificate of Status Desired: [] \$8.75 Additional Fee Required
6. Election Campaign Financing: [] \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes: [x] Yes [] No

9. Name and Address of Current Registered Agent

PRADO, FRANCISCO
8350 SUNSET DR
S MIAMI FL 33173

10. Name and Address of New Registered Agent (81-85) fields: Name, Street Address (P.O. Box Number is Not Acceptable), City, State (FL), 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. The city accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: *Alessandra Prado*

4/3/96

12. OFFICERS AND DIRECTORS

TITLE: P	NAME: PRADO, ALESSANDRA	STREET ADDRESS: 8350 SUNSET DR	CITY-STATE-ZIP: S MIAMI FL	[] DELETE
TITLE: T	NAME: PALCZYNSKI, TERESA	STREET ADDRESS: 881 OCEAN DR	CITY-STATE-ZIP: KEY BISCAIYNE FL	[] DELETE
TITLE:	NAME:	STREET ADDRESS:	CITY-STATE-ZIP:	[] DELETE
TITLE:	NAME:	STREET ADDRESS:	CITY-STATE-ZIP:	[] DELETE
TITLE:	NAME:	STREET ADDRESS:	CITY-STATE-ZIP:	[] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE:	[] Change [] Addition
2. NAME:	
3. STREET ADDRESS:	
4. CITY-STATE-ZIP:	[] Change [] Addition
5. TITLE:	[] Change [] Addition
6. NAME:	
7. STREET ADDRESS:	
8. CITY-STATE-ZIP:	[] Change [] Addition
9. TITLE:	[] Change [] Addition
10. NAME:	
11. STREET ADDRESS:	
12. CITY-STATE-ZIP:	[] Change [] Addition

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(9)(k), 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 or person 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: *Alessandra Prado*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/96 5735399

CR2E034 (12/95)