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

May 19 1997 8:00am PROFIT CORPORATION FLORIDA DEPARTMENT OF STATE Sandra B. Morthum Secretary of State **ANNUAL REPORT** Secretary of State 1997 DIVISION OF CORPORATIONS DOCUMENT # 324613 (9)**ROYAL TAX & INSURANCE AGENCY, INC.** Principal Place of Business Mailing Address 3501 S.W. 8TH ST. 8501 S.W. BTH ST. BUITE 203 MIAMI FL 33135 SUITE 203 MIAMI FL 33135-4193 3. Date Incorporated or Qualified Date of Last Report 12/28/1967 05/01/1996 2. Principal Place of Business 2a, Mailing Address 4. FEI Number Applied For 59-1210676 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Added to Fees 28 Trust Fund Contribution Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No Florida Statutes 25 29 30 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name LOREDO, ABEL P. 3501 SW 8TH STREET Street Address (P.O. Box Number is Not Acceptable) 82 #203 83 MIAMI FL 33135 84 City Zip Code 85 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statules, 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, an familiar with, and accept the objugations of, Section 607.0505, Florida Statules. ABEL P. LOREDO OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) 13. DELETE TITLE 1.1 UILE LOREDO, ABEL P. 1.9 NAME 3501 S.W. 8TH ST. #203 STREET ADDRESS 1.8 STREET ADDRESS **MIAMI FL 33135** CITY-ST-ZIP 1.4 CITY - ST-ZIP DELETE ☐ Change Addition TITLE 2.1 TITLE LOREDO, JOSE A. NAME 2.2 NAME 3501 S.W. 8TH ST. #203 STREET ADDRESS 2.3 STREET ADDRESS **MIAMI FL 33135** CITY-ST-ZIP 2.4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY-ST-ZIP DELFTE 4.1 TITLE Change Addition TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition Change TITLE 51 DITE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CHY-ST-ZIP DELETE Change Addition TITLE 61 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - \$1 - ZIP 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 supplied annual report is fue and accurate and that my signature shall have the same legal effect as if made under eath; 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 ayachment with an address.

ABEL P. LOREDO

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