

FILE NOW: FILING FEE IS \$61.25

FILED

**Jan 27 1997 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 715400 (8)
 1. Corporation Name
ROYAL ATLANTIC ASSOCIATION INC.



Principal Place of Business 465 OCEAN DRIVE 3RD FLOOR MIAMI BEACH FL 33139	Mailing Address 465 OCEAN DRIVE 3RD FLOOR MIAMI BEACH FL 33139-6645
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3. Date Incorporated or Qualified 10/10/1968	3a. Date of Last Report 05/01/1996
4. FEI Number 59-1349044	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Country
24. Zip	25. Country
29. Zip	30. Country

9. Name and Address of Current Registered Agent

**SMELER, BRUCE J.
100 SE 2ND ST.
SUITE 3940
MIAMI FL 33131**

10. Name and Address of New Registered Agent

61. Name
62. Street Address (P.O. Box Number is Not Acceptable)
63.
64. City **FL** 65. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE P	<input type="checkbox"/> DELETE
NAME SCHWARTZ, SIDNEY Z.	
STREET ADDRESS 465 OCEAN DR., #704	
CITY - ST - ZIP MIAMI BEACH FL	
TITLE VP	<input type="checkbox"/> DELETE
NAME COHEN, HOWARD	
STREET ADDRESS 465 OCEAN DRIVE APT 1007	
CITY - ST - ZIP MIAMI BEACH FL	
TITLE S	<input type="checkbox"/> DELETE
NAME SCHERR, RUTH	
STREET ADDRESS 465 OCEAN DRIVE #706	
CITY - ST - ZIP MIAMI BEACH FL	
TITLE T	<input type="checkbox"/> DELETE
NAME IZSACK, VIVIAN	
STREET ADDRESS 465 OCEAN DRIVE, #402	
CITY - ST - ZIP MIAMI BEACH FL	
TITLE D	<input type="checkbox"/> DELETE
NAME CABERA, HUBERTO	
STREET ADDRESS 465 OCEAN DR., #514	
CITY - ST - ZIP MIAMI BEACH FL	
TITLE D	<input type="checkbox"/> DELETE
NAME PITTMAN, LISA	
STREET ADDRESS 465 OCEAN DR. #319	
CITY - ST - ZIP MIAMI BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Sidney Z. Schwartz* 1/16/97
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **SIDNEY Z. SCHWARTZ** 305-674-7945
 Date: _____ Daytime Phone # _____

CR2E037 (9/96)