| CORP | PORATION AL REPORT 996 | | Sandra B Secretar | TMENT OF STATE . Mortham y of State ORPORATIONS | | | | |
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| DOCUM . Corporation ANAST | MENT # 7192 TASIA ROYAL CONDOMII | | (7) ICIATION, INC |). | | | | |
| Principal Place | of Business | Mailing | Address | | | | I ULBII ULUII ULBII B | |
| 411 ANASTASI/ CORAL GABLES | | | NASTASIA AVENUE L GABLES FL 3313 | | | | | |
| | | | | | 3. Date Incorporated or Qualified 09/02/1970 | 3a. [| Date of Last Re 04/18/19 | |
| Principal Pla | ce of Business | 2a. Maii 26 | ling Address | | 4. FEI Number 59-1446244 | • | | olied For Applicable |
| Suite, Apt. #. | , etc | | e, Apt. #, etc. | | 5. Certificate of Status Desired | | \$8.75 A Fee Rec | |
| City & State | | | & State | | Election Campaign Financing Trust Fund Contribution | | \$5.00 (| May Be |
| Zip | Country | Zip | | Country | 8. This corporation has liability for | | e tax under s. | |
| | 9. Name and Address of Curr | 29 ent Registered | Agent | 30 | Florida Statutes 10. Name and Address of New R | Yes egistered | No Agent | |
| | ASTACIA AVENUE GABLES FL 33134 | | | 82 Street Ad8384 City | dress (P.O. Box Number is Not Accepta | | 85 Zip C | Code |
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Luis M. Cornide 6/13/96 305
Date Daytime Phone 445-9467