


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 31 1997 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1997</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 715026 (1)</b> 1. Corporation Name <b>ROYAL BAHAMIAN ASSOCIATION, INC.</b>			
Principal Place of Business <b>1101 MIAMI GARDENS DRIVE NORTH MIAMI BEACH FL 33179</b>		Mailing Address <b>1101 MIAMI GARDENS DRIVE NORTH MIAMI BEACH FL 33179-4617</b>	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	
3. Date Incorporated or Qualified <b>07/29/1968</b>		3a. Date of Last Report <b>05/01/1996</b>	
4. FEI Number <b>59-1224627</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>9. Name and Address of Current Registered Agent</b> President <b>JOSEPH CURTIS</b> <b>1101 N.E. MIAMI GARDEN DRIVE</b> <b>N. MIAMI BEACH FL 33179</b>		<b>10. Name and Address of New Registered Agent</b> 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 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 <i>Joseph Curtis, Pres.</i> DATE <b>3-11-97</b> <small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>12. OFFICERS AND DIRECTORS</b>		<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>	
TITLE <b>TD</b> <input checked="" type="checkbox"/> DELETE NAME <del>XXXXXXXXXX</del> <b>Cutler, Betty</b> STREET ADDRESS <del>XXXXXXXXXXXXXXXXXXXXXXXXXXXX</del> CITY-ST-ZIP <del>XXXXXXXXXXXX</del>	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>PD</b> <b>CURTIS, JOSEPH</b> <b>1101 NE MIAMI GARDENS DRIVE</b> <b>NORTH MIAMI BEACH, FL 33179</b>	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE <b>PD</b> <input checked="" type="checkbox"/> DELETE NAME <del>XXXXXXXXXX</del> <b>REINSTEIN, STEPHEN</b> STREET ADDRESS <del>XXXXXXXXXXXXXXXXXXXXXXXXXXXX</del> CITY-ST-ZIP <del>XXXXXXXXXXXX</del>	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>TD</b> <b>CUTLER, BETTY</b> <b>1101 NE Miami Gardens Drive</b> <b>North Miami Beach, FL 33179</b>	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE <b>SD</b> <input checked="" type="checkbox"/> DELETE NAME <del>XXXXXXXXXX</del> <b>MORGAN, RICHARD</b> STREET ADDRESS <del>XXXXXXXXXXXXXXXXXXXXXXXXXXXX</del> CITY-ST-ZIP <del>XXXXXXXXXXXX</del>	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>SD</b> <b>Goldman, Sheila</b> <b>1101 NE Miami Gardens Drive</b> <b>North Miami Beach, FL 33179</b>	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	7.1 TITLE 7.2 NAME 7.3 STREET ADDRESS 7.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	8.1 TITLE 8.2 NAME 8.3 STREET ADDRESS 8.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Joseph Curtis, President</i> DATE <b>3-11-97</b> DAYTIME PHONE <b>3059478877</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

CR2E037 (9/96)