


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

**FILED**  
**Jul 14, 1999 8:00 am**  
**Secretary of State**

07-14-1999 90016 019 \*\*\*150.00

07-14-1999 90016 020 \*\*\*400.00



<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 266641</b> ✓					
1. Corporation Name <b>ROYAL CARIBBEAN INSURANCE AGENCY, INC.</b>					
Principal Place of Business 1770 W FLAGLER ST MIAMI FL 33135			Mailing Address 1770 W FLAGLER ST MIAMI FL 33135		
2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified <b>01/30/1963</b>	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number <b>59-1005316</b> Applied For Not Applicable	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
Zip 24		Country 25		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
Zip 29		Country 30		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>TUNON, LAYDA 698 W 43RD PL HIALEAH FL 33012</b>			10. Name and Address of New Registered Agent 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 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS					
TITLE	PDT	<input type="checkbox"/> DELETE			
NAME	TUNON, LYDIA				
STREET ADDRESS	698 W. 43RD PL				
CITY-ST-ZIP	HIALEAH FL 33012				
TITLE	ST	<input checked="" type="checkbox"/> DELETE			
NAME	ECHVERRIA, JUAN N				
STREET ADDRESS	3178 N.W. 19 STREET				
CITY-ST-ZIP	MIAMI FL 33125				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
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TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					

14. I 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**JUAN G. TUNON**

**5-01 99**

**305-642-4541**

CR2E034 (11/98)

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