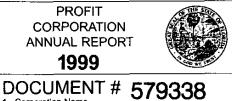
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

May 07, 1999 8:00 am Secretary of State

05-07-1999 90099 041 ***150.00

ROYAL TRUSS CORP. Principal Place of Business Mailing Address 9500 N W 79 AVE BAY #1 9500 N W 79 AVE BAY #1 HIALEAH GARDENS FL 33016 HIALEAH GARDENS FL 33016 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 07/18/1978 Applied For 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Not Applicable 26 59-1835368 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be Election Campaign Financing Trust Fund Contribution Added to Fees 28 23 Country Country Zip This corporation owes the current year Intangible □No 30 Personal Property Tax. 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DAVIES, EDWARD, J Street Address (P.O. Box Number is Not Acceptable) 82 16543 NW 82 AVE MIAMI FL 33016 Zip Code 84 City 85 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Addition DELETE 1.1 TITLE ☐ Change TITLE DAVIES, EDWARD, J 1.2 NAME NAME 16543 N.W. 82 AVE. 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change DELETE TITLE STD 2.1 TITLE LLADO, HECTOR 2.2 NAME NAME 4399 S W 89 AVE STREET ADDRESS 2.3 STREET ADDRESS MIAMI, FL 00000 CITY-ST-ZIP 2.4 CITY-ST-ZIP □ DELETE Change ☐ Addition 3.1 TITLE TITLE 32 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change ☐ Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE ☐ Addition ☐ DELETE Change TITLE 6.2 NAME NAMÉ 6.3 STREET ADDRESS STREET ADDRESS

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 trastee 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 attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE

(11/98) CR2E034