FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 27 PM 4:16

DOCUMENT # 715026 (1)

1. Corporation Name
ROYAL BAHAMIAN ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1101 MIAMI GARDENS DRIVE NORTH MIAMI BEACH FL 33179	1101 MIAMI GARDENS DRIVE NORTH MIAMI BEACH FL 33179

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/29/1968
3a. Date of Last Report: 06/28/1994
4. FEI Number: 59-1224627 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

REINSTEIN, STEPHEN
801-E 1175 NE MIAMI GARDEN DR.
N MIAMI BEACH FL 33179

(OFFICE)
1101 N.E MIAMI GARDEN DR.
N.M.B., FL. 33179

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City FL 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	TD ☐ Change ☐ Addition
NAME	EDELSON, BILL	1.2 NAME	CUTLER, BETTY APT.#102 E.
STREET ADDRESS	1175 NE MIAMI GARDENS	1.3 STREET ADDRESS	1175 N.E. MIAMI GARDENS DR.
CITY-ST-ZIP	NO. MIAMI BEACH FL	1.4 CITY-ST-ZIP	NO. MIAMI BEACH, FL. 33179
TITLE	PD	2.1 TITLE	PD ☐ Change ☐ Addition
NAME	REINSTEIN, STEPHEN	2.2 NAME	REINSTEIN, STEPHEN APT.# 801E.
STREET ADDRESS	1075 NE MIAMI GARDENS #102	2.3 STREET ADDRESS	1175 N.E. MIAMI GARDENS DR.
CITY-ST-ZIP	NO MIAMI BEACH FL	2.4 CITY-ST-ZIP	NO. MIAMI BEACH, FL. 33179
TITLE	VPD	3.1 TITLE	VPD ☐ Change ☐ Addition
NAME	MORGAN, RICHARD	3.2 NAME	MORGAN, RICHARD APT.#510 W.
STREET ADDRESS	1075 NE MIAMI GARDENS #109W	3.3 STREET ADDRESS	1075 N.E. MIAMI GARDENS DR.
CITY-ST-ZIP	N. MIAMI BCH FL	3.4 CITY-ST-ZIP	NO. MIAMI BEACH, FL. 33179
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: _____ 1/16/95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #

0044784