FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # F48912 (2)

1. Corporation Name

MR. ROY, INC.

Principal Place of Business	Mailing Address
11900 BISCAYNE BLVD. SUITE 502-A MIAMI FL 33181 US	11900 BISCAYNE BLVD. SUITE 502-A MIAMI FL 33181 US

2. Principal Place of Business — 21 — Suite, Apt #, etc. 22 — City & State 23 — Zip 24 — Country 25

2a. Mailing Address — 26 — Suite, Apt. #, etc 27 — City & State 28 — Zip 29 — Country 30

3. Date Incorporated or Qualified: 10/30/1981
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-2140973 ☐ 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FEINER, ROY G.
11900 BISCAYNE BLVD.
SUITE 502-A
MIAMI FL 33181

10. Name and Address of New Registered Agent

81 Name: ROBERTA FEINER
82 Street Address (P.O. Box Number is Not Acceptable): 11900 BISCAYNE BLVD
83 SUITE 502-A
84 City: MIAMI FL 85 Zip Code: 33181

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 Roberta Feiner 4-26-96
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating. DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DS	☐ DELETE	1.1 TITLE	PRESIDENT	☑ Change ☐ Addition
NAME	FEINER, ROBERTA		1.2 NAME	FEINER, ROBERTA	
STREET ADDRESS	11900 BISCAYNE BLVD., SUITE 502-A		1.3 STREET ADDRESS	11900 BISCAYNE BLVD 502A	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	MIAMI FL	
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	FEINER, SYLVIA		2.2 NAME		
STREET ADDRESS	11900 BISCAYNE BLVD., SUITE 502-A		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP		
TITLE	DP	☑ DELETE	3.1 TITLE	VICE PRESIDENT	☑ Change ☐ Addition
NAME	FEINER, ROY G		3.2 NAME	FEINER ROY	
STREET ADDRESS	11900 BISCAYNE BLVD., SUITE 502-A		3.3 STREET ADDRESS	11900 BISCAYNE BLVD 502A	
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP	MIAMI FL	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 on an attachment with an address.

SIGNATURE: Roberta Feiner 4-26-96 305-899-0550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)