

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

FILED

Mar 04 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F96000005567 (0)

1. Corporation Name
ROYAL CONSORTIUM HOLDINGS, INC.



Principal Place of Business
4731 PINE TREE DR
MIAMI BEACH FL 33140

Mailing Address
4731 PINE TREE DR
MIAMI BEACH FL 33140-3136

3. Date Incorporated or Qualified 10/25/1996	3a. Date of Last Report 1st report
4. FEI Number 65-0689507	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent
MACHADO, EFRAIN
4731 PINE TREE DR
MIAMI BEACH FL 33140

10. Name and Address of New Registered Agent
81 Name Scott Van Vliemen
82 Street Address (P.O. Box Numbers Not Acceptable) 4731 Pine Tree Drive
83 City Miami Beach
84 State Florida FL 85 Zip 33140

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 Scott Van Vliemen
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-instating)
DATE 28 February 97

12. OFFICERS AND DIRECTORS	
TITLE	CP <input type="checkbox"/> DELETE
NAME	GRAY, ROBERT K
STREET ADDRESS	4731 PINE TREE DR
CITY - ST - ZIP	MIAMI BEACH FL 33140
TITLE	D <input type="checkbox"/> DELETE
NAME	ABDULHA, SHEIK HANI
STREET ADDRESS	4731 PINE TREE DR
CITY - ST - ZIP	MIAMI BEACH FL 33140
TITLE	D <input type="checkbox"/> DELETE
NAME	IBRAHIM, SHEIKH-Y A
STREET ADDRESS	4731 PINE TREE DR
CITY - ST - ZIP	MIAMI BEACH FL 33140
TITLE	ST <input type="checkbox"/> DELETE
NAME	SHELTON, LAURIE
STREET ADDRESS	4731 PINE TREE DR
CITY - ST - ZIP	MIAMI BEACH FL 33140
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert K. Gray 2/28/97 305 538 1050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)