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

**PROFIT CORPORATION** ANNUAL REPORT

1997

FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K92951

(8)

ROYAL	PALM OXYGEN, CORPORA	ATION							
Principal Place of Business % RAUL MOAS. M.D. 3659 S. MIAMI AVE. STE. 5004 MIAMI FL 33133		Mailing Address % RAUL MOAS. M.D. 3659 S. MIAMI AVE. STE. 5004 MIAMI FL 33133-4245							
						3. Date Incorporated or Qualified 06/02/1989	3a. Date of Last Rep 04/01/1996	ort	
2. Principal Pl	2a. Mailing Address 26	Mailing Address			4, FEI Number 65-0114675	<del>- 1</del>	ed For Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	<del></del>			5. Certificate of Status Desired	□ \$8.75 Add Fee Requ		
City & State	9	City & State	City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 M Added to 0		
Zip 24	Country 25	Zip <b>29</b>	30 Cour	ntry		8. This corporation has liability for	r intangible tax under s. 19	99.032,	
	g, Name and Address of Curre					10. Name and Address of New Registered Agent			
	O, ADELA DEL			81	Name				
SUN	9 S. MIAMI AVE TE 5004			82	Street Addre	ss (P.O. Box Number is Not Accepte	able)		
MIAI	MI FL 33133			83	City		85 Zip Co	et o	
			Ì	84	City		FL 85 Zip Co	00	
agent. I a	to the provisions of Sections 607.05 egistered agent, or both, in the Stat m familiar with, and accept the obli-	502 and 607.1508, Florida State of Florida State of Florida. Such change was gations of, Section 607.0505,	itutes, the ab is authorized Florida State	ove by utes.	-named corporation	oration submits this statement for the on's board of directors. I hereby according to the orange of	purpose of changing its report the appointment as re-	egistered gistered	
SIGNATURE	Signature typed or printed name of registered as	igent and title if applicable (f	NOTE: Registered	i Ager	nt signature required	d when reinstating)	DATE		
12.	OFFICERS AI	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFF	CERS AND DIRECTORS	IN 12	
THILE	Р	☐ DELETE	1.1 7(1	LE			Change [	Addition	
NAME	TORO, ADELA DEL		1.2 NA	ME					
STREET ADDRESS	1530 NW 32 AVE.		1.3 \$Tf	REET A	ADDRESS				
CITY-ST-ZIP	MIAMI FL 33125	Deserve	1.4 CIT		-ZIP				
TITLE			2 1 111				Change	Addition	
NAME			2 2 NA					·	
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP		DELETE	2. 4 CI 31 TIT		I - ZIP		Change	Addition	
NAME			3.2 NA						
STREET ADDRESS			1	-	ADDRESS				
CITY-ST-ZIP			3 4. Cr						
THILE		DELETE	41 111		1-211		☐ Change	Addition	
NAME			4 2 NA	AME	}				
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			4.4 CIT	TY-ST	I - ZIP				
TITLE		DELETE	5 1 TH				☐ Change	Addition	
NAME			5 2 NA	ME					
STREET ADDRESS			5.3 ST	REET A	ADDRESS				
CITY-ST-ZIP			5.4 CH	TY - ST	í - ZIP		<u></u>		
TITLE		☐ DELETE	6.1 TIT	LE			☐ Change	Addition	
NAME			6.2 NA	ME					
STREET ADDRESS			6.3 STI	REET A	ADDRESS				
1			• • • • •						

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.

**FILED** 

Feb 18 1997 8:00am

Secretary of State