


FILED
Feb 18 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 # K92951 (8)		
1. Corporation Name ROYAL PALM OXYGEN, CORPORATION		
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
2. Principal Place of Business		2a. Mailing Address
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.
22 City & State		27 City & State
23 Zip Country		28 Zip Country
24 Country		29 Country
25 Country		30 Country
g. Name and Address of Current Registered Agent		
TORO, ADELA DEL 3659 S. MIAMI AVE SUITE 5004 MIAMI FL 33133		81 Name
		82 Street Address
		83
		84 City
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation or registered agent, or both, in the State of Florida. Such change was authorized by the corporate agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.		
SIGNATURE Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required)		
12. OFFICERS AND DIRECTORS		
TITLE	P <input type="checkbox"/> DELETE	13.
NAME	TORO, ADELA DEL	1.1 TITLE
STREET ADDRESS	1530 NW 32 AVE.	1.2 NAME
CITY - ST - ZIP	MIAMI FL 33125	1.3 STREET ADDRESS
TITLE	<input type="checkbox"/> DELETE	1.4 CITY - ST - ZIP
NAME		2.1 TITLE
STREET ADDRESS		2.2 NAME
CITY - ST - ZIP		2.3 STREET ADDRESS
TITLE	<input type="checkbox"/> DELETE	2.4 CITY - ST - ZIP
NAME		3.1 TITLE
STREET ADDRESS		3.2 NAME
CITY - ST - ZIP		3.3 STREET ADDRESS
TITLE	<input type="checkbox"/> DELETE	3.4 CITY - ST - ZIP
NAME		4.1 TITLE
STREET ADDRESS		4.2 NAME
CITY - ST - ZIP		4.3 STREET ADDRESS
TITLE	<input type="checkbox"/> DELETE	4.4 CITY - ST - ZIP
NAME		5.1 TITLE
STREET ADDRESS		5.2 NAME
CITY - ST - ZIP		5.3 STREET ADDRESS
TITLE	<input type="checkbox"/> DELETE	5.4 CITY - ST - ZIP
NAME		6.1 TITLE
STREET ADDRESS		6.2 NAME
CITY - ST - ZIP		6.3 STREET ADDRESS
TITLE	<input type="checkbox"/> DELETE	6.4 CITY - ST - ZIP

CP2E034 (9/96)

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.