

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 # **K99513** (9)

1. Corporation Name

ROYALE ESTATES, INC.

Principal Place of Business

**3104 JACKSON AVE.
COCONUT GROVE FL 33133**

Mailing Address

**3045 LUCAYA ST.
MIAMI FL 33133
US**



3. Date Incorporated or Qualified

07/03/1989

3a. Date of Last Report

03/09/1995

2. Principal Place of Business

2a. Mailing Address

21 **3045 LUCAYA ST**

26 Suite, Apt. #, etc.

22 City & State

23 **COCONUT GROVE, FL**

24 Zip

Country

27 City & State

28 Zip

Country

29

30

4. FEI Number

23-0035377

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

**BRENNER, RICHARD M.
21 SOUTHEAST FIRST AVE.
SUITE 800
MIAMI FL 33135**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP
**PS
RENZI, PASCUALE
21 S.E. 1ST AVE. #800
MIAMI FL
VT**

1.2 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP
**RENZI, RENZO
21 S.E. 1ST AVE. #800
MIAMI FL**

1.3 TITLE ☐ DELETE

NAME
STREET ADDRESS

CITY- ST- ZIP

NAME

STREET ADDRESS

CITY- ST- ZIP

NAME

STREET ADDRESS

CITY- ST- ZIP

NAME

STREET ADDRESS

CITY- ST- ZIP

NAME

STREET ADDRESS

CITY- ST- ZIP

NAME

STREET ADDRESS

CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY- ST- ZIP

2.1 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)