

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

027497

PROFIT CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L91221**

1. Corporation Name
ROYAL TRUST MORTGAGE OF CANADA, INC.

Principal Place of Business
**P.O. BOX 558703
MIAMI FL 33255**

Mailing Address
**P.O. BOX 558703
MIAMI FL 33255**

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	29

9. Name and Address of Current Registered Agent

**AMERILAWYER CHARTERED
C/O LAWRENCE J. SPIEGEL
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

81 Name
Spiegel & Utrera, P.A.
82 Street Address (P.O. Box Number is Not Acceptable)
343 Almeria Avenue
83
84 City
Coral Gables

85 Zip Code
FL 33134

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 fully acquainted with the provisions of Section 607.0505, Florida Statutes.

SIGNATURE By: **Natalia Utrera, Vice-President**

12. OFFICERS AND DIRECTORS

TITLE	DPV	[] DELETE
NAME	MARTINEZ, M G	
STREET ADDRESS	945 BILTMORE WAY	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	[] Change [] Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	[] Change [] Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	[] Change [] Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	[] Change [] Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	[] Change [] Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	[] Change [] Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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-05/07/99-01155-008
****150.00 ****150.00

14. I 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, with all other like empowered

SIGNATURE: **M. G. Martinez**

4/29/99

CR2E034 (11/98)

FILED
99 APR 30 PM 4: 28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/29/1990

4. FEI Number
65-6926112

5. Certificate of Status Desired [] **\$8.75** Additional Fee Required

6. Election Campaign Financing [] **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax [] Yes [] No

10. Name and Address of New Registered Agent