

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

0277497

**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**

**FILED**  
**99 APR 30 PM 4: 28**

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24

2a. Mailing Address

26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30

3. Date Incorporated or Qualified **05/29/1990**

4. FEI Number **65-6926112**

5. Certificate of Status Desired  Applied For  Not Applicable **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$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

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** FL 85 Zip Code **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 acting as a registered agent of Section 607.0505, Florida Statutes.

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

**4/29/99**

12. OFFICERS AND DIRECTORS

TITLE [ ] DELETE

NAME **DPV 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

[ ] Change [ ] Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

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

600002868535-4  
 -05/07/99-01155-008  
 \*\*\*\*150.00 \*\*\*\*150.00

**4/30/99**

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)