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 # M48864

(6)

ROYCE AFROPLEX, INC.

HUYUE AERUPLEX, INC.		
Principal Place of Business	Mailing Address	
3850 N.W. 25TH STREET MIAMI FL 33142-6720	3850 N.W. 25TH STREET MIAMI FL 33142-8720	

FILED May 05 1997 8:00am Secretary of State



3. Date Incorporated or Qualified 3a, Date of Last Report

	,				03/23/1987	U4/26/1	20/ 1890			
2. Principal	Place of Business	2a. Mailing Address				4, FEI Number		App	lied For	
21	26		65-0046470			Not	Applicable			
Suite, Apt	Suite, Apt. #, etc. Suite, Apt. #, etc.					E Carifficate of Declary Declary	□ \$E	.75 A	ditional	
22	27					5. Certificate of Status Desired	ш.	ee Rec	luired	
	City & State City & State					6. Election Campaign Financing	\$	5.00 t	Jay Be	
28					Trust Fund Contribution					
Zip	Country	Zip	Zip Country			8. This corporation has liability for in	ntangible tax u	nder s.	199.032.	
24	25	29	30				Yes No			
	9, Name and Address of Curre		1231			10. Name and Address of New Registered Agent				
OR	roshnik, samuel			B1 1	Name					
3850 N.W. 25TH STREET			<u> </u>							
MIAMI FL			į	82 Street Address (P.O. Box Number is Not Acceptable)						
IVIE	MIAMI FL			B3		· · · · · · · · · · · · · · · · · · ·				
			ſ	B4 (City		F1 85	85 Zip Code		
		00 - 1007 4500 EL 11 01					3 0-00	<u> </u>		
11. Pursuan office or	it to the provisions of Sections 607.050 registered agent, or both, in the State	uz and 607.1508, Florida Statu e of Florida. Such change was	ites, the ab authorized	i bv tr	named corpo he corporatio	ration submits this statement for the prior's board of directors. I hereby accept	urpose of char t the appointm	iging its ent as r	registerea eaistered	
agent I	am familiar with, and accept the oblig	ations of, Section 607.0505, F	lorida State	ites.		n's board of directors. I hereby accep				
SIGNATURE										
		Ignature, type it or printed name of registered agent and title if applicable (NOTE Registered Agent a			signature required		DATE			
12.		ID DIRECTORS	13.		. ,	ADDITIONS/CHANGES TO OFFIC				
THEE	PST CONTROL CAMBIE	☐ DELETE	1.1 116	ιE			F 0	hange	Addition	
NAMÉ		DROSHNIK, SAMUEL 12N		ME						
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NAME		OROSHNIK, SAMUEL 22N		2.2 NAME						
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NAME			3.2 NA	ME						
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NAME			62 NA	ME						
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CITY- S1-7/P			6.4 C(1	Y-SY-	ZIP				}	
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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 charged, or on an attachment with an address.

SIGNATURE:

4/14/97

Date

305-871-4050

Daytime Phone #