## 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 # P9200001048 (7)

ROYAL DEMOLITION REMOVAL, INC.

:								
Principal Place of Business Mailing Address						IE <b>Ge</b> iri <b>3010</b> 1 14 <b>0</b> 4 <b>00</b> 11	1680)   1841   1881	
BRO E. 82NO 8 HIALEAH FL 33		620 E. 32ND STREET HIALEAH FL 33013-3345	5					
•					3. Date Incorporated or Qualified 10/30/1992	3a. Date of L 09/26/19	•	
2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address		4. FEI Number		Applied For	
81		26	26		65-0370124		Not Applicable	e
Suite, Apt. #, etc.		Suite, Apt. #, etc.	<u> </u>		5. Certificate of Status Desired	1 1	75 Additional	
City & Stole		27				F:	ee Required	_
City & Stat	е	City & State			6. Election Campaign Financing		.00 May Be	
Zip	Country	71p	Countr	·	Trust Fund Contribution		ided to Fees	
24 25		29	30		8. This corporation has liability for intengible tax under s. 199.032, Florida Statutes Yes No			
[4]	9. Name and Address of C		1301		10. Name and Address of New R			
VALI	DES, AIDA		81	Name		7		
620	E 32 ST		82	Clean Add	ress (P.O. Box Number is Not Accepta	h.i.a.		
	EAH FL 33013		04	Stroot Add	ress (m.o. Box Number is Not Accepta	DiO)		
			83					
			84	C:			7: 0:-1	4
			6-	City		FL  85	Zip Code	
office or i agent. I s	Mide fald	e			opration submits this statement for the tion's board of directors. I hereby account of the tion with the time of time of the time of time	purpose of change pl the appointme	ing its registered nt as registered	
12.	· · · · · · · · · · · · · · · · · · ·	S AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI	CERS AND DIREC	CTORS IN 12	[§
TITLE	PS DELETE VALDES, AIDA		1.1111.0	-· ·		☐ Cha	ange 🔲 Addition	-   §
NAME			1.2 NAME		,			2
STREET ADORESS	820 E 32 ST		1.3 STHEE	: ADDRESS				Ì
CITY-ST-ZIP	HIALEAH FL 33013		14 CITY -	ST-ZIP				_  <u>6</u>
TITLE		☐ DELETE	211111			L_  Cha	ange Addition	1 6
NAME			2.2 NAME					
. STREET ADDRESS				I ADDRESS				T
CITY-ST-ZIP	T DELCTE		2 4 CITY	S' - ZIP		П сь.		-
TITLE	□ DELFTE		31 1016			☐ Cha	ange L. Addition	1
NAME			3.2 NAME	T 1000000				
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP TITLE		DELETE	3.4. DITY-	51-711		Cha	ange Addition	
NAME			4 2 NAME					
STREET ADDRESS				I ADDRESS				
CITY-ST-ZIP			4.4 Cil Y-					
TITLE		DELETE	51 TITLE			Cha	ange Addition	
NAME	·		5.2 NAME					
STREET ADDRESS			5 3 STREE	T ADDRESS				
CITY-ST-ZIP			5.4 CITY -	S1 - ZIP				
. ŤITLE		DELFTE 61				Cha	ange 🔲 Addition	1
NAME			62 NAME					
STREET ADDRESS			63 STREE	T ADDRESS				
CITY-ST-ZIP			64 CITY-					
<ol><li>14. I do here</li></ol>	by certify that the information su	poried with this filma does not a	ualify for the ex	emption stated	d in Section 119.07(3)(i). Florida Statuti	es. I further certify	that the	- 1

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 eath; that I am an officer or director of the corporation or the receiver or trusted 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.

SIGNATURE:

**FILED** 

May 15 1997 8:00am

Secretary of State