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

PROFIT CORPORATION ANNUAL REPORT

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FLORIDA DEPARTMENT OF STATE

FILED

Mar 30 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998 P92000009336 (8) DOCUMENT # **REGAL INTER-AMERICA CO.** Mailing Address Principal Place of Business 118 ANTILLA AVE 4135 LAGUNA ST STE E DO NOT WRITE IN THIS SPACE **CORAL GABLES FL 33134** CORAL GABLES FL 33146 US 3. Date Incorporated or Qualified 12/04/1992 28. Mailing Address
26. 811 Poncede Leon Blud 4. FEI Number 2. Principal Place of Busines Applied For 118 ANTILIA 65-0374010 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired APT #8 # 100 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be .oral Gables, Florida Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible 30 Personal Property Tax due June 30. ☐ Yes 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name GAVARRETE, RAFAEL 118 ANTILLA AVE 82 Street Address (P.O. Box Number is Not Acceptable) APT 8 **CORAL GABLES FL 33134** 83 84 City Zip Code 11. Pursuant to the provisions of Soctions 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, typicd or printed harne of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change TITLE 1.1 TITLE **GAVARRETE, RAFAEL** NAME 1.2 NAME 118 ANTILLA AVE STREET ADDRESS 1.3 STREET ADDRESS **CORAL GABLES FL 33134** CITY-ST-ZIP 1.4 CITY-ST-ZIP Change DELETE Addition 2.1 TITLE TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE ☐ Change Addition TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADORESS CITY-ST-ZIP 3.4. CITY - ST - ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE 6.1 TITLE Change ☐ Addition TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP

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 on the receiver or truffice 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 an an attachment with an address.

3/18/78 305 443 9464