

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

FILED

Apr 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P92000012922 (0)

1. Corporation Name
ROYAL MESSENGER SERVICES INC.



Principal Place of Business 14331 SW 150 TERR MIAMI FL 33177	Mailing Address 14331 SW 150 TERR MIAMI FL 33177-1077
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2. Principal Place of Business 21 14455 S.W. 158th St. State, Apt. #, etc.		2a. Mailing Address 26 14455 S.W. 158th St. Suite, Apt. #, etc.		3. Date Incorporated or Qualified 12/18/1992	3a. Date of Last Report 05/01/1996
22 City & State 23 Miami, Fl		27 City & State 28 Miami, Fl		4. FEI Number 65-0382613	Applied For Not Applicable
24 33177 25 USA		29 33177 30 USA		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

ARENCIBIA, ROBERTO
~~14331 SW 150 TERR~~
MIAMI FL 33177

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number Is Not Acceptable)	14455 SW 158 Street
83	
84 City	Miami FL 85 Zip Code 33177

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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	P, S, T, D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARENCIBIA, ROBERTO	1.2 NAME	
STREET ADDRESS	14331 SW 150 TERR	1.3 STREET ADDRESS	14455 SW 158 St.
CITY - ST - ZIP	MIAMI FL 33177	1.4 CITY - ST - ZIP	Miami, Fl 33177
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Lillian Arencibia
STREET ADDRESS		2.3 STREET ADDRESS	14455 SW 158 St.
CITY - ST - ZIP		2.4 CITY - ST - ZIP	Miami, Fl 33177
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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 changed, or on an attachment with an address.

SIGNATURE: *Robert Arencibia* Robert Arencibia President

+ 04-19-97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/96)