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

Mailing Address

STE #404

3550 BISCAYNE BLVD

MIAMI FL 33137-3854

2s. Mailing Address

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Apr 07 1997 8:00am

Secretary of State

3a. Date of Last Report 05/01/1996

(305) 576-1600

Daytime Phone #

Applied For

3. Date Incorporated or Qualified

01/05/1993 4, FEI Number

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9300000536 (1)

LUCKY ROYAL, INC.

Principal Place of Business

2. Principal Place of Business

SIGNATURE:

3550 BISCAYNE BLVD

STE 404

MIAMI FL 33137

21				26							0370308203		Not	l Applicable	
22	Suite, Apt. #, etc.				Suite, Apt. #, etc.						5. Certificate of Status Desired		\$8.75 A Fee Re		
<u></u> 1	City & State				City & State				•		6. Election Campaign Financing		\$5.00 Added to	•	
23	7.0		Country	28	Zip			intry			Trust Fund Contribution				
	Zφ		····		Zip		30	ıı ilə y			 This corporation has liability for Florida Statutes 		No.	199.032,	
24	······································	o Neme	and Address of Curr	29 ent Regis	tered Ane	nt	130[Ι			10. Name and Address of New I				
9. Name and Address of Current Registered Agent								81	Name		10.				
HOLLAND, BRIAN															
5781 NW 37TH AVENUE MIAMI FL 33142								82	Street A	ddres	ss (P.O. Box Number is Not Accept	able)			
								83	AS I						
								"							
								84	City			FL	85 Zip (Code	
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.															
SI	GNATURE .						5 D				I. A	DATE			
		Signature, typed	for printed name of registered a OFFICERS A			(NOI		d Age	nt signature n	equired	when reinstating) ADDITIONS/CHANGES TO OFF		DIDECTOR	C IN 12	
12		D	OFFICENS A	NU DINE		DELETE	13. 1.1 ī	17) C			ADDITIONS/CHANGES TO OF	IOENS AIN	Change	Addition	
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N/	ME						621	IAME							
ST	REET ADDRESS						6.3 5	STREET	ADDRESS						
CI	TY - ST - ZIF							CITY - S							
14	. I do heret	by certify th	at the information supp	hed with t	his filing do	oes not qual	ify for the	exe	mption st	ated	in Section 119.07(3)(i), Florida State my signature shall have the same k	utes. I furth	er certify that is if made un-	the der oath: that	
	Lam an o	fficer or dire	actor of the corporation	or the re-	ceiver or tri	ustee empov	vered to	exec	cute this re	aport.	as required by Chapter 607, Florid	a Statutes.	and that my r	narne	
	appears i	ri Block 12	or Block 3 if changed	or on an	attachmen	it with an ad	dress. <	Ė١	dno	1.1	Dimpos				