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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P93000041071 (0) DOCUMENT #

**FILED** Jan 23 1998 8:00am Secretary of State

ROYAL CREST ENTERPRISES, INC.							) (M 10) 2 2 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Principal Place	of Business	<u> </u>	Mai	Mailing Address				
16475 S. DIXIE HWY				PO BOX 560472				
MIAMI FL 33157				MIAMI FL 3325472				DO NOT WRITE IN THIS SPACE
US				US				3. Date Incorporated or Qualified
								06/10/1993
2. Principal Place of Business				2a. Mailing Address				4. FEI Number Applied For
21				26				65-0415921 Not Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional
22			27					Fee Hequired
City & State				City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip Country				Zip Country				8. This corporation owes or has paid the current year Intangible
24	ŀ			30			Personal Property Tax due June 30. Yes No	
<u></u>		and Address of Curre	4	ered Agent	1001		, -,	10. Name and Address of New Registered Agent
CAL	BRERA, RA	UL D				81	Name	
4201 S.W. 11TH ST.							82 Street Address (P.O. Box Number is Not Acceptable)	
MIAMI FL 33134								
						83		
						84	City	FL 85 Zip Code
44 Pursuant to	a the provin	one of Sections 607.05	02 and 60	7 1509 Florida Statut	as the e	boye	a-named o	corporation submits this statement for the number of changing its registered
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.								
	n f <b>am</b> iliar wii	th, and accept the obliq	gations of,	Section 607.0505, Fi	orida Sta	tutes	S.	
SIGNATURE 5	Signature, lyped	or printed name of registered ag	gent and title if	applicable (NOT	F. Registere	d Age	ent signature re	required when reinstating) DATE
12.		OFFICERS AN	ND DIRECT		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D			☐ DELETE	: 1.1 T	TLE		☐ Change ☐ Addition
NAME	TORRES, ALBERT					1.2 NAME		
STREET ADDRESS 9780 S.W. 119TH ST.  CITY-ST-ZIP MIAMI FL 33176							ADDRESS	
CITY-ST-ZIP	MIAMI H	L 33178		DELETE		1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
TITLE					2.1 I			Change C Addition
NAME							ADDRESS	
STREET ADDRESS							ST-ZIP	
CITY-ST-ZIP TITLE				DELETE	3.1 T		31-211	Change Addition
NAME					3.2 N			
STREET ADDRESS					3.3 S	TREET	ADDRESS	
CITY-ST-ZIP					3.4. (	CITY-S	ST-ZIP	
TITLE				☐ DELETE	4.1 T	TLE		☐ Change ☐ Addition
NAME					4.2!	IAME		
STREET ADDRESS							ADDRESS	
CITY-ST-ZIP	<del></del>			Printe			T-ZIP	Change Addition
TITLE				☐ DELETÉ	5.1 T			☐ Change ☐ Addition
NAME					5.2 N		ADDRESS	
STREET ADDRESS							ADDRESS	
CITY-ST-ZIP TITLE				DELETE	6.1 T		ST-ZIP	Change Addition
NAME					6.2 N			
STREET ADDRESS							ADDRESS	,
CITY-ST-ZIP						ITY-S		
14. I hereby co	ertify that the	e information supplied	with this fil	ing does not qualify f				d in Section 119.07(3)(i), Florida Statutes. I further certify that the information

in or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in or pn an attach pent with an address.