

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 31, 1999 8:00 am  
Secretary of State

03-31-1999 90043 022 \*\*\*150.00

DOCUMENT # P93000075915

1. Corporation Name  
ROYAL SHINE LTD. INC.

Principal Place of Business

6855 ABBOTT AVENUE  
SUITE 802  
MIAMI BEACH FL 33141  
US

Mailing Address

6855 ABBOTT AVENUE  
SUITE 802  
MIAMI BEACH FL 33141  
US

2. Principal Place of Business

21 16140 EMERALD COIVE  
Suite, Apt. #, etc.

2a. Mailing Address

26 Same  
Suite, Apt. #, etc.

22

City & State  
23 Ft. Lauderdale FL

27

City & State

Zip Country  
24 33331 25 USA

Zip Country  
29 30

9. Name and Address of Current Registered Agent

MONTOYA, ALBA  
6855 ABBOTT AVENUE  
SUITE 802  
MIAMI BEACH FL 33141

3. Date Incorporated or Qualified

11/03/1993

4. FEI Number

65-0446533

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐ Yes

☒ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☒ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MONTOYA, ALBA  
6855 ABBOTT AVENUE  
MIAMI BEACH FL 33140

TITLE T ☒ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TARANILLO, CARLOS  
6855 ABBOTT AVENUE SUITE 802  
MIAMI BEACH FL 33141

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DAVID TARANILLO ☐ Change ☒ Addition

1.2 NAME 16140 EMERALD COIVE

1.3 STREET ADDRESS FT. LAUDERDADE FL 33331 60%

1.4 CITY-ST-ZIP

2.1 TITLE ALBA MONTOYA VP ☐ Change ☒ Addition

2.2 NAME 6855 ABBOTT ARE.

2.3 STREET ADDRESS MIAMI Beach FL 33140 90%

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 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, with all other like empowered.

SIGNATURE: \* *Alba Montoya* April 30, 1999 (954) 384-6391  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)