

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

FILED  
Feb 27 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P93000079980 (7)

1. Corporation Name  
ROYAL MARITIME AGENCY, INC.



Principal Place of Business  
7570 NW 14 STREET  
MIAMI FL 33126

Mailing Address  
7570 NW 14 STREET  
MIAMI FL 33126-1702

3. Date Incorporated or Qualified 11/19/1993  
3a. Date of Last Report 03/11/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

65-0450038

Applied For

Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

22 City & State

27 City & State

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CALDERON VINCENT

~~17024 NW 21 ST~~

~~PEMBROKE PINES FL 33029~~

7160 S.W. 133<sup>rd</sup>  
MIAMI, FLA  
33056

81 Name

VINCENT CALDERON

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

7160 S.W. 133<sup>rd</sup>

83

84 City

MIAMI, FLA.

FL

85

Zip Code

33056

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

*Vinc*

(NOTE: Registered Agent signature required when reinstating)

DATE

FEB 17-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	CALDERON, HECTOR M	
STREET ADDRESS	7160 SW 133 STREET	
CITY- ST- ZIP	MIAMI FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	CALDERON, DIANA R	
STREET ADDRESS	7160 SW 133 ST	
CITY- ST- ZIP	MIAMI FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	CALDERON, VINCENT J	
STREET ADDRESS	<del>17024 NW 21 STREET</del> 7160 S.W. 133 <sup>rd</sup>	
CITY- ST- ZIP	<del>PEMBROKE PINES FL</del> MIAMI, FLA 33056	
TITLE	T	<input type="checkbox"/> DELETE
NAME	CALDERON, DIANA L	
STREET ADDRESS	7160 SW 133 STREET	
CITY- ST- ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 as an attachment with an address.

SIGNATURE:

*J. Calderon*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB. 14 - 97 (305) 591-2100

Date

Daytime Phone #

CR2E034 (9/96)