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May 16 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 # **P94000019153 (3)**

1. Corporation Name
ROYAL TITLE COMPANY

Principal Place of Business	Mailing Address
18425 N.W. 2ND AVE. #340 #340 MIAMI FL 33169	18425 N.W. 2ND AVE. #340 #340 MIAMI FL 33169-4525

3. Date Incorporated or Qualified: 03/11/1994
3a. Date of Last Report: 09/20/1996

4. FEI Number: 65-0479924 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 3900 N.W. 79 Avenue	26 3900 N.W. 79 Avenue
Suite, Apt. #, etc. 22 Suite 210	Suite, Apt. #, etc. 27 Suite 210
City & State 23 Miami Florida	City & State 28 Miami Florida
Zip / Country 24 33166 / 25 Dade	Zip / Country 29 33166 / 30 Dade

9. Name and Address of Current Registered Agent

CASTILLO, RAMON
18425 N.W. 2ND AVE.
#340
MIAMI FL 33169

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable) 3900 N.W. 79 Avenue, Suite 210

83

84 City Miami FL 85 Zip Code 33166

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PS ☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	CASTILLO, RAMON	1.2 NAME	
STREET ADDRESS	18425 NW 2ND AVE., STE. 340	1.3 STREET ADDRESS	3900 N.W. 79 Avenue, Suite 210
CITY-ST-ZIP	MIAMI FL 33169	1.4 CITY-ST-ZIP	Miami, Florida 33166
TITLE	☐ DELETE	2.1 TITLE	V/T ☐ Change ☒ Addition
NAME		2.2 NAME	Walter Castillo
STREET ADDRESS		2.3 STREET ADDRESS	3900 N.W. 79 Avenue, Suite 210
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Miami Florida 33166
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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 _____ 5/16/97