

FLORIDA DEPARTMENT OF STATE

Katherine Harris

_ Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000019153

1. Corporation Name

ROYAL TITLE COMPANY

Principal Place	of Business	Mailing Address			<u> </u>	7) 19911991 1181 1181 1181 1181 1181 1181		1919 1919: 11401	B1188 1111 1881
3900 NW 79TH AVE SUITE 210 MIAMI FL 33166		3900 NW 79TH AVE SUITE 210 MIAMI FL 33166				DO NOT WRI	TE IN THIS	SPACE		
US		US			3. Date Incorporated or Qualifed					
							03/11/1994			
2. Principal Pl	ace of Business - ,~	2a. Mailing Address			1	FEI Number		<u> </u>	olied For	
21		26					<u>65-0479924</u>			t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	17			5.	Certifcate of Status Desired		\$8.75 A Fee Rec	
City & State	•	City & State	City & State				Election Campaign Financing		\$5.00	
23		28					Trust Fund Contribution		Added to	o Fees
Zip	Country	Zip	·			This corporation owes the current year Intangible Personal Property Tax Yes No				
24		_ <u></u>	<u> </u>				Personal Property Tax.			⊔N0
	9. Name and Address of Current	Registered Agent		81	*I	10.	Name and Address of New	Registered /	1gent	
CACT	TILO DAMON			٠'	Name		•			
	TILLO, RAMON NW 79TH AVE					ress (P.O. Box Number is Not Acceptable)				
	E 210		ſ	83						
MIAN	II FL 33169			84	City			FL	85 Zip C	ode
44 5	to the provisions of Sections 607.0502	and 607 1500 Elorida Statute	es the ab	0/8-	named corno	oration	submits this statement for the	purpose of	 changing its	registered
office or re	o the provisions of Sections 607,0302 egistered agent, or both, in the State on familiar with, and accept the obligati	of Florida. Such change was al	utnorized	DV II	he corporatio	n's bo	ard of directors. I hereby acce	pt the appoir	itment as reg	jistered
SIGNATURE	<u> </u>							DATE		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: F					signature required		einstating) ADDITIONS/CHANGES TO OF		D DIRECTO	RS IN 12
12.		DELETE	13.	c c			ADDITIONS/CHANGES TO OF	FICERS AN	Change	Addition
TITLE	PS DANTE DANCE	C) bettie	1.2 NAME		ļ					_
NAME	7.10 TIEEO, 18 MIOT				*DODECO		•			1
STREET ADDRESS					ADDRESS				•	ĺ
CITY-ST-ZIP	MIAMI FL	☐ DELETE	1.4 CIT 2.1 TIT		- 2117				Change	Addition
TITLE -	VT CASTILLO WALTED	□ oece≀e	2.2 NA		.)					
.NAME -	CASTILLO, WALTER	•								
STREET ADORESS	3900 NW 79TH AVE #210				ADDRESS					ļ
CITY-ST-ZIP	MIAMI FL			-	-ZIP .				☐ Change	Addition
TITLE	,	☐ DELETE	3.1 TITLE							
NAME			3.2 NAME							
STREET ADDRESS					ADDRESS					
CITY-ST-ZiP			3.4. CF		-ZIP				☐ Change	Addition
TITLE	-		4.1 TIT						5.,6.,90	
NAME			4. 2 NA							}
STREET ADDRESS	,		4.3 STRE							
C/TY-ST-Z/P		□ SCIETE	4.4 CIT		-ZIP				☐ Change	Addition
TITLE		☐ DELETE	5.1 TIT							
NAME (5.2 NA		ADDDCCC					
STREET ADDRESS			4		ADDRESS					}
CITY-ST-29P		DELETE	5.4 CIT 6.1 TIT		- 2117				☐ Change	Addition
mre		☐ DELETÉ			Į	•			T cusude	☐ ₩
NAME		·	6.2 NA		4000000					
STREET ADDRESS			4		ADDRESS		•			
CTTY-ST-ZIP	•		6.4 CIT	Y-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 of the repeiver 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 of on an adachment with an address, with all other like empowered.

SIGNATURE:

305-436-9665

May 03, 1999 8:00 am Secretary of State

05-03-1999 90090 039 ***150.00