

**CORPORATION
ANNUAL REPORT
1995**



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

FILED

95 APR 18 PM 5:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000035126 (9)

1. Corporation Name

ROYALE IMPORT & EXPORT INC.

Principal Place of Business

**4242 WEST 16TH AVENUE
MIAMI FL 33012**

Mailing Address

**4242 WEST 16TH AVENUE
MIAMI FL 33012**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/10/1994

3a. Date of Last Report

2. Principal Place of Business

21 4160 W 16 AVE.

Suite, Apt. #, etc.

22 SUITE #405

City & State

23 Hialeah, Fla.

Zip

24 33012

Country

25 Dade

2a. Mailing Address

26 4160 W 16 AVE.

Suite, Apt. #, etc.

27 Suite #405

City & State

28 Hialeah, Fla.

Zip

29 33012

Country

30 Dade

4. FEI Number

55N FLS F0650497682

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

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

9. Name and Address of Current Registered Agent

**LEAL, EFREN V
4242 WEST 16TH AVE.
HIALEAH FL 33012**

10. Name and Address of New Registered Agent

81 Name

LEAL, EFREN V.

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

4160 W 16 AVE Suite #405

83

84 City

Hialeah,

FL

85 Zip Code

33012

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]

(Print registered name of registered agent and title, if applicable)

4/6/94

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	LEAL, EFREN V
STREET ADDRESS	1311 WEST 32ND ST.
CITY ST ZIP	HIALEAH FL 33012
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY ST ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY ST ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119.07(9)(k), Florida Statutes. I further certify that the information included 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 member 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 of this report, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

Efren Leal

4/6/94

President

File No. 1995-9

551-9120

0079726 CP