

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 3:10

DOCUMENT # P94000044275 (3)

1. Corporation Name

ROYAL GROUPE INC.

Principal Place of Business

12642 NW 13 CT.
SUNRISE FL 33323

Mailing Address

12642 NW 13 CT.
SUNRISE FL 33323

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/13/1994

3a. Date of Last Report

4. FDI Number

65-0514018

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 5-156(03)
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21

2a. Mailing Address

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

City & State

City & State

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PINON, RUBEN
4400 NW 2 ST.
MIAMI FL 33126

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 of Registered Agent or Designated Agent)

(Signature of Registered Agent or Designated Agent)

(Date)

12. OFFICERS AND DIRECTORS

12.1

NAME

STREET ADDRESS

CITY & STATE

DP
HERRERA, ROSA
12642 NW 13 CT.
SUNRISE FL 33323

12.2

NAME

STREET ADDRESS

CITY & STATE

DV
PINON, RUBEN
4400 NW 2 ST.
MIAMI FL 33126

12.3

NAME

STREET ADDRESS

CITY & STATE

12.4

NAME

STREET ADDRESS

CITY & STATE

12.5

NAME

STREET ADDRESS

CITY & STATE

12.6

NAME

STREET ADDRESS

CITY & STATE

12.7

NAME

STREET ADDRESS

CITY & STATE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1

NAME

STREET ADDRESS

CITY & STATE

13.2

NAME

STREET ADDRESS

CITY & STATE

13.3

NAME

STREET ADDRESS

CITY & STATE

13.4

NAME

STREET ADDRESS

CITY & STATE

13.5

NAME

STREET ADDRESS

CITY & STATE

13.6

NAME

STREET ADDRESS

CITY & STATE

13.7

NAME

STREET ADDRESS

CITY & STATE

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 1.01(1)(b), 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. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 147, 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 Binding Officer or Director)

4/15/95

305) 846-1298