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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

P94000059656 (6)

1. Corporation Name

ROYAL IMPORTS ASSOCIATES, INC.

HOLYT HAR OUTS VOCOCIVIES INC.						
Principal Place of Business CONIG C/O: CLARIBEL TORO DE KOMAI 7851 S.W. 169TH STREET MIAMI FL 33157		Maing Address ** FERNANDO ALONS -1221 BRICKELL AVE - MIAMI FL -22131		Date incorporated or Qualified		
US			FE 33256	08/12/1994	08/01/1995	
2. Principal Plac	e of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26		65-0513785	Not Applicable	
Suite, Apt. #,	etc.	Suite, Apt. #, etc.		5. Contificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Gountry	28 	Country	8. This corporation has liability for	intangible tax under s. 199.032,	
24	25	29]	[30]	10. Name and Address of New F		
	9. Name and Address of Curre	nt negistered Agent	81 Name	16.		
00000	MATION INFORMATION CERM	ICES INC	82 Street Addr	ress (P.O. Box Number is Not Acceptat	ole)	
CORPORATION INFORMATION SERVICES, INC.			82 Street Actor	82 Street Audress (* .c., Ezzt Hambar is Not Moophabo)		
1201 HAYS STREET TALLAHASSEE FL 32301			83	•		
IACCA	RIARPE I F ARAA I		84 City		85 Zip Gode	
			11 - ,	ration submits this statement for the pured of directors. Thereby accept the app	FL space of changing its registered office	
or registere familiar with	d agent, or both, in the State of Flor and accept the obligations of, Sec	rigat Such Change was automze : tion 607.0505, Florida Statutes	d by the corporation's boa		iointment as registered agent. Fam.	
12.		NO DIRECTORS	13.	ADDITIONS CHANGES TO OF	ICERS AND DIRECTORS IN 12	
TIFLE	D	☐ DELETE	1 1 TOTALE		☐ Change ☐ Addition	
NAME	KONIG, ULRICH E		1.2 NAME			
STREET ADDRESS	7851 S.W. 169TH STREET	T	13 STREET ACORESS			
CITY - ST - 2IP	MIAMI FL		1.4 City - ST - ZiP		Change Addition	
TITLE	DKONIG	DELETE	2 1 1/118		Change Treamer	
NAME	DEKONIGH CLARIBEL TO		2.2 NAME			
STREET ADDRESS	7851 S.W. 169TH STREE	I	2.3 STREE! ADDRESS			
CITY - ST - ZIP	MIAMI FL	DELETE	2.4 Cily - ST ZiP 3.1 HILE		Change Addition	
THILE		CT better	3.2 NAME			
NAME CYCKEY ADDRESS			3.3 STREET ADDRESS			
STREET ADDRESS			3.4 City ST-ZIP			
CITY-SI-ZIF TITLE		☐ DELETE	4 1 TILE		Change Addition	
NAME		<u>_</u>	4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY ST-ZIP			4.4 CHY-ST ZIP			
TITLE		☐ DELETE	5 I TITLE		Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5 3 STREET ADDRESS			
CITY-ST ZIP			5.4 CH r - S1 - ZP		Curana D Metrica	
TITLE		☐ DELFTE	6 1 THLF		Change Addition	
NAME			€ 2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
1	1		F 4 600 PT 700			

14. I do hereby certify that the information supplied with Pris filing is voluntarly furnished and does not qualify for the exemption stated in Soction 119.07(8)(k). 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 furstee 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 14, 1994 305-256-7494

CR2E034 (12/95)