## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94000059656

1. Corporation Name

ROYAL INTERNATIONAL ASSOCIATES, INC.

Principal Place of Bus 9945 SW 64TH STREET MIAMI FL 33173 US

Royal International Associates, Inc. Nikken Independent Distributor

Claribel Toross Ulrich Roring<sup>263</sup> 10728 SWAM 17th 883rt Miami, Florida 33186

## **FILED** Jun 01, 1999 8:00 am Secretary of State

06-01-1999 90025 005 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.    Suite, Apt. #, etc.   27   City & State   5, Certificate of Status Desired   5, 8,75 Additional Fee Required   5, 5,00 May Be Additional City & State   5, Election Campaign Financing   5,5,00 May Be Additional City & State   5, This corporation wors the current year Integrated Personal Property Tax.   Yes   No.   3, Name and Address of Current Registered Agent   5, Short State   5, This corporation wors the current year Integrated Personal Property Tax.   Yes   No.   10, Name and Address of New Registered Agent	Limit descent						3. Date incorporated or Qualified						
1   10728   S.W. 117 tL Ct.   28   Sulfa, Apt. #, etc.   27   Sulfa, Apt.	NEW	ADDUESS:								1 1 4 2 2	liad Car		
Suite, Apt. 4, etc.   20   27   27   27   27   27   27   27							1 "	1		_ <del></del>			
S. Certificate of Status Desirate   Fee Required							05/05/37	00			<del></del>		
City & State    County   28   County   29							5. Certifcate o	f Status Desired	· `				
Added to Fees   Trust Fruin Contribution   Added to Fees   A		e	City & State			-	6. Election Ca	mpaign Financing _	1	\$5.00	vlay Be		
Zip   Country   Zip   Country   Street Address	23 Mi	tmi, FL	28				Trust Fund	Contribution	J	Added to	Fees		
9. Name and Address of Current Registered Agent  KONIG, ULRICH  9945 SW 9711 9718 9718 9718 9718 9718 9718 9718	Zip Country Zip Cou						8. This corpora						
KONIG, ULRICH -9945 SW FATTH STREET 10728 S. W. 117 4L C.L.  MIAMI FL-39179 33186  82 Sireet Address (P.O. Box Number is Not Acceptable)  83 B4 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 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, and a cacept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  SCTD OFFICERS AND DIRECTORS  DELETE  1.1 TITLE  SCTD OFFICERS AND DIRECTORS II. 1.2 NAME  KONIG, ULRICH E. 1.2 NAME  KONIG, ULRICH E. 1.3 SIRREST ADDRESS IO OFFICERS AND DIRECTORS IN 12. NAME  KONIG, CLARIBEL TORO  9945 SW 64TH STREET  MIAMI FL 33173  DELETE  2.1 TITLE  DELETE  2.1 TITLE  2.2 NAME  3.3 NAME NAME SIRREST ADDRESS  GUT-ST-2P  MIAMI FL 33173  DELETE  3.1 TITLE  3.3 SIRREST ADDRESS  GUT-ST-2P  TITLE  DELETE  3.1 TITLE  3.3 SIRREST ADDRESS  GUT-ST-2P  TITLE  DELETE  3.1 TITLE  3.3 SIRREST ADDRESS  GUT-ST-2P  TITLE  DELETE  3.1 TITLE  DELETE  3.1 TITLE  3.3 SIRREST ADDRESS  GUT-ST-2P  TITLE  DELETE  3.1 TITLE  DELETE  3.1 TITLE  Change Addition  Change Addition  AMME  STREET ADDRESS  GUT-ST-2P  TITLE  DELETE  3.1 TITLE  Change Addition  ADDRESS ADDRESS  ADDRESS ADDRESS ADDRESS  ADDRESS ADDRESS ADDRESS  ADDRESS ADDRESS ADDRESS  ADDRESS ADDRESS ADDRESS ADDRESS  ADDRESS ADDRESS ADDRESS ADDRESS AD	24 33 (86 25 29 30						Totalitat Topotty Tax.						
KONIG, ULRICH -9945 SW FATTH STREET 10728 S. W. 117 41 C.t.  MIAMI FL-99473 33186  82 Street Address (P.O. Box Number is Not Acceptable)  83 B4 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 agent. It am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1. TITLE  SCD STREET ADDRESS  OFFICERS AND DIRECTORS IN 1. STREET  1. STREET ADDRESS  OFFICERS AND DIRECTORS IN 1. STREET  OFFICERS AND DIRECTORS IN 1. STREE		9. Name and Address of Current	nt Registered Agent				10. Name and	Address of New Regis	stered Age	ent			
## STREET ADDRESS OF SW 63TH STREET  OFFICERS AND DIRECTORS IN 1.1 THE  SOUTH STREET ADDRESS SW 64TH STREET  NAME  NAME  NAME  STREET ADDRESS  OTV-51.2P  TITLE  NAME  STREET ADDRESS  OTV-51.2P  TITLE  DELETE  1.1 TITLE  DELETE  2.1 STREET ADDRESS  OTV-51.2P  TITLE  DELETE  3.1 STREET ADDRESS  OTV-51.2P  DELETE  3.1 STREET ADDRESS  OTV-51.2P  TITLE  DELETE  3.1 STREET ADDRESS  OTV-51.2P  TITLE  DELETE  3.1 STREET ADDRESS  OTV-51.2P  DELETE  3.1 STREET ADDRESS  OTV-51.2P  TITLE  DELETE  3.1 STREET ADDRESS  SACTIV-51.2P  DELETE  3.1 ST							81 Name						
MAMI FL-33173 33 186  83  84 City FL 85 Zip Code  11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florids, Such changing was authorized by the comporation's board of director's. Thereby accept the applintment as registered agent, or both, in the State of Florids, Such changing was authorized by the comporation's board of director's. Thereby accept the applintment as registered agent, or both, in the State of Florids, Statutes.  SIGNATURE  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  SCTD  KONIG, ULRICH E  12. NAME  SIRRETADRESS  SIRRETADRESS  SIRRETADRESS  SIRRETADRESS  SIRRETADRESS  FLORIDAGE  10.72.8 S.W. 44.7 Ct.  MAMMI FL. 33173  14.CITY.ST.2P  MAMMI FL. 33173  14.CITY.ST.2P  MAMMI FL. 33173  DELETE  22. NAME  33.STREETADRESS  SIRRETADRESS  SIRRETADR	9945 SW 64TH STREET 10728 S.W. 117 th Ct.					82 Street Address (P.O. Box Number is Not Acceptable)							
11. Pursuant to the provisions of Sections 607 0502 and 807 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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, 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, 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, appeal or printed name of registered agent algorithms required when remediative).    12.													
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 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 and the agent a						83							
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office or registered agent, or both, in the State of Florida. Such change was authorized by the Corporation's bload of directors. The Both State of Florida Statutes.    SIGNATURE	: 			ļ	1	•			FL	-			
12.	office or n agent. I a	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was ations of, Section 607.0505, F	autnorized Florida Statu	i by t utes.	ine corpor	ation's board of direct	ors, i nereby accept the	в арропил	ent as reg	istered		
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CLOTY OT 710				6.3 \$1	TREET	ADDRESS							
				6.4 CI	TY-ST	r-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 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 any address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(305) 412- 9593