

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

**CORPORATION
ANNUAL REPORT
1995**



U. S. DEPARTMENT OF STATE
WALTER D. BRADY
Secretary of State
100-100000-100000

APPROVED
AND
FILED

05 MAY 2014 10:15

FEDERAL BUREAU OF INVESTIGATION
U. S. DEPARTMENT OF JUSTICE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000069180 (5)

$$1 = \frac{1}{2} \left(\frac{1}{2} + \frac{1}{2} \right) = \frac{1}{2} \left(\frac{1}{2} + \frac{1}{2} \right)$$

ROYALTON DEVELOPMENT, INC.

1. Primary Firm or Law Office		2. Mailing Address	
1051 W 29TH ST HIALEAH FL 33012		1051 W 29TH ST HIALEAH FL 33012	
3. Personal Info (Optional)		23. Mailing Address	
21	26	Suite Apt. # off	
Address Apt. # off		27	
22		City & State	
City & State		28	
23		City & State	
24		29	
24		30	
7. Counties			
24	25	26	27
8. Name and Address of Current Registered Agent			
GONZALEZ, RICHARD ESQ 1051 W 29TH ST SUITE 3 HIALEAH FL 33012			
81	Name		
82	Street Address		
83			
84	City		

11. Pursuant to the provisions of Sections 607 (b)(1) 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 607.1505, Florida Statutes.

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12. OFFICERS AND DIRECTORIES		13. ADDITIONAL CHANGES IN OFFICERS AND DIRECTORIES IN 1/2	
12.1 NAME 100% OWNED 1/2 CITY, ST, ZIP	DTS GONZALEZ, LUIS M 1051 W 29TH ST HIALEAH FL 33012	12.1(1) ✓✓ NAME ✓✓ STREET ADDRESS ✓✓ CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 NAME 100% OWNED 1/2 CITY, ST, ZIP	DP PINO, MARIO 3 CIRCLE DR HIALEAH FL 33010	12.2(1) ✓✓ NAME ✓✓ STREET ADDRESS ✓✓ CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.3 NAME 100% OWNED 1/2 CITY, ST, ZIP	DV PEREZ, HUGO 6821 NERVA ST CORAL GABLES FL 33134	12.3(1) ✓✓ NAME ✓✓ STREET ADDRESS ✓✓ CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.4 NAME 100% OWNED 1/2 CITY, ST, ZIP		12.4(1) ✓✓ NAME ✓✓ STREET ADDRESS ✓✓ CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.5 NAME 100% OWNED 1/2 CITY, ST, ZIP		12.5(1) ✓✓ NAME ✓✓ STREET ADDRESS ✓✓ CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.6 NAME 100% OWNED 1/2 CITY, ST, ZIP		12.6(1) ✓✓ NAME ✓✓ STREET ADDRESS ✓✓ CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.7 NAME 100% OWNED 1/2 CITY, ST, ZIP		12.7(1) ✓✓ NAME ✓✓ STREET ADDRESS ✓✓ CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I declare under penalty of perjury that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.072(1)(c) Florida Statutes. I further certify that the information indicated on the 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 recorder or trustee empowered to execute the report as required by Chapter 677, Florida Statutes; and that my name appears in Block 12 of Block 1 of a change of ownership form with an address.

SIGNATURE:

DIGITAL IMAGE QUALITY SHOULD BE DETERMINED BY AUTHORIZED PERSONNEL ONLY.

Secretary

5/11/95 305 (85) 2857