


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

**FILED**  
**Jun 17 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # **994 000080753(4)**  
 1. Corporation Name  
**Royal Restaurant, Corp**

Principal Place of Business Mailing Address  
**Royal Restaurant**  
**2405 W. Okeechobee Rd.**  
**Hialeah, Fla. 33012**

3. Date Incorporated or Qualified **11-01-94** 3a. Date of Last Report

2. Principal Place of Business 2a. Mailing Address  
 21 **2405 West** 26 **2405 W. Okeechobee Rd.**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

4. FEI Number **05-0531142** Applied For  
 Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

23 **Okeechobee Rd. Hia** 27 **Fla. Hialeah**  
 City & State City & State  
 24 **33012** 25 **U.S.A.** 29 **33012** 30 **DADE**  
 Zip Country Zip Country

6. Election Campaign Financing Trust Fund Contribution  **\$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  
**Roxandra Gutierrez**  
**2840 S.W. 129 Ave.**  
**Miami, Fla. 33125**

10. Name and Address of New Registered Agent  
 81 Name **Roxandra Gutierrez**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83 **2840 S.W. 129 Ave.**  
 84 City **Miami, Fla. FL** 85 Zip Code **33125**

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]** DATE **6-9-97**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	<b>Roxandra Gutierrez P/D</b>
STREET ADDRESS	<b>2840 S.W. 129 Ave.</b>
CITY-ST-ZIP	<b>Mia. Fla. 33125</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Roxandra Gutierrez P/D</b>
STREET ADDRESS	<b>2840 S.W. 129 Ave.</b>
CITY-ST-ZIP	<b>Mia. Fla. 33125</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

**200002215232**  
**-06/18/97-01005-024**  
**\*\*\*165.00**

14. I do 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 an address.  
 SIGNATURE **[Signature]** DATE **6-9-97** 6/9/97  
Signature and typed or printed name of signing officer or director Date Day/Mo/Phone No

CR2E034 (9/96)