

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000018752 (2)

1. Corporation Name

ROTAL INC

Principal Place of Business

900 BAY DRIVE  
#203  
MIAMI FL 33141

Mailing Address

900 BAY DRIVE  
#203  
MIAMI FL 33141



|                                                 |                     |                     |                     |                                                                                    |  |                                                                                            |  |
|-------------------------------------------------|---------------------|---------------------|---------------------|------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------|--|
| 2. Principal Place of Business                  |                     | 2a. Mailing Address |                     | 3. Date Incorporated or Qualified<br>03/08/1995                                    |  | 3a. Date of Last Report                                                                    |  |
| 21                                              | Suite, Apt. #, etc. | 26                  | Suite, Apt. #, etc. | 4. FET Number                                                                      |  | <input checked="" type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable |  |
| 22                                              | City & State        | 27                  | City & State        | 5. Certificate of Status Desired <input type="checkbox"/>                          |  | \$8.75 Additional Fee Required                                                             |  |
| 23                                              | MIAMI BEACH, FL     | 28                  | MIAMI BEACH, FL     | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> |  | \$5.00 May Be Added to Fees                                                                |  |
| 24                                              | Zip                 | 25                  | Country             | 29                                                                                 |  | 30                                                                                         |  |
| 9. Name and Address of Current Registered Agent |                     |                     |                     | 10. Name and Address of New Registered Agent                                       |  |                                                                                            |  |

CORPORATION SERVICE COMPANY  
1201 HAYS ST.  
TALLAHASSEE FL 32301

|    |                                                    |
|----|----------------------------------------------------|
| 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 typed or printed name of registered agent and then applicable

(NOTE: Registered Agent's signature required when reappointing)

DATE

| 12. OFFICERS AND DIRECTORS |                      | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|----------------------|-------------------------------------------------------|--|
| TITLE                      | P-V.P. T.            | 1.1 TITLE                                             |  |
| NAME                       | SHIMSHON TZUBELI     | 1.2 NAME                                              |  |
| STREET ADDRESS             | 900 BAY DR #203      | 1.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | MIAMI BEACH FL 33141 | 1.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                      | 2.1 TITLE                                             |  |
| NAME                       |                      | 2.2 NAME                                              |  |
| STREET ADDRESS             |                      | 2.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                      | 2.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                      | 3.1 TITLE                                             |  |
| NAME                       |                      | 3.2 NAME                                              |  |
| STREET ADDRESS             |                      | 3.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                      | 3.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                      | 4.1 TITLE                                             |  |
| NAME                       |                      | 4.2 NAME                                              |  |
| STREET ADDRESS             |                      | 4.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                      | 4.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                      | 5.1 TITLE                                             |  |
| NAME                       |                      | 5.2 NAME                                              |  |
| STREET ADDRESS             |                      | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                      | 5.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                      | 6.1 TITLE                                             |  |
| NAME                       |                      | 6.2 NAME                                              |  |
| STREET ADDRESS             |                      | 6.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                      | 6.4 CITY-ST-ZIP                                       |  |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(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 trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: SHIMSHON TZUBELI  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/1/96

305-865-4205

CR2E034 (3/96)