


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

FILED

Apr 16 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P95000018752 (2)</b> 1. Corporation Name <b>ROTAL INC</b>					
Principal Place of Business <b>900 BAY DRIVE #203 MIAMI BEACH FL 33141 US</b>			Mailing Address <b>900 BAY DRIVE #203 MIAMI BEACH FL 33141-5630 US</b>		
2. Principal Place of Business 21 <b>900 BAY DRIVE</b> Suite, Apt. #, etc. 22 <b>SUITE # 203.</b> City & State 23 <b>MIAMI BEACH, FL</b> Zip 24 <b>33141</b> Country 25 <b>U.S.</b>		2a. Mailing Address 26 <b>900 BAY DRIVE</b> Suite, Apt. #, etc. 27 <b>SUITE # 203.</b> City & State 28 <b>MIAMI BEACH, FL.</b> Zip 29 <b>33141</b> Country 30 <b>U.S.</b>		3. Date Incorporated or Qualified <b>03/08/1995</b> 3a. Date of Last Report <b>08/15/1996</b> 4. FEI Number <b>APPLIED FOR 65056175</b> Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY 1201 HAYS ST. TALLAHASSEE FL 32301</b>			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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 date if applicable. (NOTE: Registered agent's signature required when reappointing.) DATE					
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64		
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