

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

FILED

Feb 10 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000027877 (6)

1. Corporation Name  
ROYAL PALM KITCHENS, INC.



Principal Place of Business  
300-F ROYAL COMMERCE ROAD  
ROYAL PALM BEACH FL 33411

Mailing Address  
300-F ROYAL COMMERCE ROAD  
ROYAL PALM BEACH FL 33411-7603

3. Date Incorporated or Qualified 04/07/1995  
3a. Date of Last Report 04/29/1996

2. Principal Place of Business  
21 173 Cleary Rd Suite D-1  
Suite, Apt #, etc.  
22 Suite D-1  
City & State  
23 W.P.B FLA.  
Zip  
24 33413  
Country  
25 Palm Bch.  
2a. Mailing Address  
26 173 Cleary Rd  
Suite, Apt #, etc.  
27 Suite D-1  
City & State  
28 W.P.B FL.  
Zip  
29 33413  
Country  
30 Palm Bch.

4. FEI Number 65-0573094  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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

TRIANA, ARMONDO  
300-F ROYAL COMMERCE RD.  
ROYAL PALM BEACH FL 33411

10. Name and Address of New Registered Agent

81 Name ARMANDO TRIANA  
82 Street Address (P.O. Box Number is Not Acceptable) 173 Cleary Rd  
83 Suite D-1  
84 City W.P.B FL 85 Zip Code 33413

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P  
NAME TRIANA, ARMONDO  
STREET ADDRESS 300 F ROYAL COMMERCE RD.  
CITY-ST-ZIP ROYAL PALM BEACH FL 33411  
☐ DELETE

TITLE S  
NAME CABRERA, ROBERTO  
STREET ADDRESS 300F ROYAL COMMERCE RD.  
CITY-ST-ZIP ROYAL PALM BEACH FL 33411  
☐ DELETE

TITLE VP  
NAME VALDEZ, LAZARO  
STREET ADDRESS 300 F ROYAL COMMERCE RD.  
CITY-ST-ZIP ROYAL PALM BEACH FL 33411  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRES  
1.2 NAME ARMANDO TRIANA  
1.3 STREET ADDRESS 173 Cleary Rd Suite D-1  
1.4 CITY-ST-ZIP W.P.B FL 33413  
☒ Change ☐ Addition

2.1 TITLE S  
2.2 NAME CABRERA ROBERTO  
2.3 STREET ADDRESS 173 Cleary Rd Suite D-1  
2.4 CITY-ST-ZIP W.P.B FL 33413  
☒ Change ☐ Addition

3.1 TITLE VP  
3.2 NAME VALDEZ, LAZARO  
3.3 STREET ADDRESS 173 Cleary Rd Suite D-1  
3.4 CITY-ST-ZIP W.P.B FL 33413  
☒ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
☐ Change ☐ Addition

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: ARMANDO TRIANA 1/30/97 (561)683-9998  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)