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 # P95000063718 (7)

1. Corporation Name
ROYAL CARE SERVICE CORP.

700001966327
-10/07/96--01027--001
****225.00 ****225.00

Principal Place of Business	Mailing Address
6001 NW 153 ST #G 203 MIAMI LAKES FL 33014	6001 NW 153 ST #G 203 MIAMI LAKES FL 33014

3. Date Incorporated or Qualified: 08/17/1995
3a. Date of Last Report:

2. Principal Place of Business	21	6001 NW 153 ST	
Suite, Apt. #, etc.	22	203	
City & State	23	Miami Lakes	
Zip / Country	24 / 25	33014 / FL	
2a. Mailing Address	26	6001 NW 153 ST	
Suite, Apt. #, etc.	27	# 203	
City & State	28	Miami Lakes	
Zip / Country	29 / 30	33014 / FL.	

4. FEI Number: 65-0602104. ☐ 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

CASTILLO, FRADYS
6001 NW 153 ST
#G
MIAMI LAKES FL 33014

10. Name and Address of New Registered Agent

81 Name	Castillo Fradys
82 Street Address (P.O. Box Number is Not Acceptable)	6001 NW 153 St Suite 203
83	
84 City / 85 Zip Code	Miami Lakes FL / 33014

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: Fradys Castillo — 6/25/96.
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P. Fradys Castillo / 11612 NW 58 Ave / Hialeah FL 33012	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition: Pres. dent / Royal Care Services Corp. / 6001 NW 153 st suite 203 / Miami Lakes, Florida 33014.
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Sec Fradys Castillo / 11611 NW 58 Ave / Hialeah FL 33012	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition: filed 9/20/96

CR2E034 (3/96)

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: Fradys Castillo — 6-25-96 — (305) 556-7435
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0022001 CP