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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000068344 (6)

ROYAL SALES WESTERN HEMISPHERE, INC.

Principal Place of Business Mailing Address 2800 SW 5TH AVENUE 2800 SW 5TH AVENUE MIAM! FL 33129 MIAMI FL 33129-2503 3. Date Incorporated or Qualified 3a. Date of Last Report 08/16/1996 2. Principal Place of Business Mailing Address 4. FEI Number Applied For 65-072337*0* Not Applicable 26 Sulte, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 **Trust Fund Contribution** Added to Fees Zip Country Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent R1 SUAREZ, ENRIQUE Name 2800 SW 5TH AVENUE 62 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33129** 83 City 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, 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE Registered Agent signature required when reinstating) Signature, typed or printed hance of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12 DELETE Change Addition TITLE 11 TITLE SUAREZ, ENRIQUE NAME 1.2 NAME 2800 SW 5TH AVENUE STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 33129 CITY-ST-ZIP 1.4 CITY - \$1 - 7IP DELETE Change Addition TITLE 2.1 THE PAGNUSSAT, SERGIO NAME 2.2 NAME 4440 SW 57TH AVENUE STREET ADDRESS 2.3 STREET ADDRESS MAMI FL 33155 CITY-ST-ZIP 2.4 Off Y-S1-7IP DELETE ☐ Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELFTE Change Addition **4.1 THLE** TITLE SMAN 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CHY-ST-ZIP TITLE DELETE 51 MILE Change ___ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CHY-S1-7IP DELETE Change Addition TITLE 61 111LE NAME STREET ADDRESS 6.3 STREET ADDRESS

CITY-ST-ZIP 6.4 C(TY-S1-Z)P 14. To hereby certify that the information supplied with this filling 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 eath; that I am an officer or director of the corp at information trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Blook 12 or Book 13 if charging, or the annual report with an address.

FILED Apr 28 1997 8:00am Secretary of State

