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CORPORATION **ANNUAL REPORT**

1998



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000068344 (6)

ROYAL SALES WESTERN HEMISPHERE. INC.

Mailing Address Principal Place of Business 2900 SW 5TH AVENUE 2800 SW 5TH AVENUE MIAMI FL 33129 MIAMI FL 33129

FILED Feb 16 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/16/1996 2. Principal Place of Business 2a. Mailing Address Applied For 21 65-0723370 Not Applicable Suite, Apl. #, elc Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution 23 Added to Fees Country Zip 8. This corporation owes or has paid the current year Intangible Yes 24 25 29 30 Personal Property Tax due June 30. 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SUAREZ, ENRIQUE 2800 SW 5TH AVENUE Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33129** 83 84 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. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE Stgnature, typical or printed harne of registered agent and title it approable (NOT): Registered Agent signature required when reinstating) 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. DELFTE Change Addition TITLE 1.1 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 - ST - ZIP DELE 1E Change Addition TITLE 2.1 TITLE PAGNUSSAT, SERGIO NAME 2.2 NAME 4440 SW 57TH AVENUE STREET ADDRESS 23 STREET ADDRESS MIAM! FL 33155 CITY-ST-ZIP 2. 4 CITY - ST-ZIP Addition DELETE 3 1 10 LF Change TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4 1 TIILE 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELFIE 5 1 TITLE Change Addition TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 6 1 TITLE TATE F 6.2 NAME MALIF 63 STREET ADDRESS STREET ADORESS 6.4 CITY - ST - ZIP

14. I hereby certify that the information supplied with the 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 activity to the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental point 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 of th

SIGNATURE:

ENPIQUE SUAREZ 2/5/98