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Apr 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000091285

1. Corporation Name
ROYAL PRESTIGE SOUTH FLORIDA, INC.

Principal Place of Business
FT LAUDERDALE MIAMI

Mailing Address
177 LAKVIEW DR
BUILDING 309 Apt 201
Fort Lauderdale, FL 33326

3. Date Incorporated or Qualified
11-06-97

3a. Date of Last Report
1st TIME

2. Principal Place of Business
21 Dade County 177 Lakview Dr

Suite, Apt. #, etc.
22 Bld 309- Apt 201

City & State
23 Ft Lauderdale

Zip
24 33326

Country
25

2a. Mailing Address
26

Suite, Apt. #, etc.
27

City & State
28

Zip
29

Country
30

4. FEI Number
65-0707221

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
AMERI LAWYER
343 ALMERIA AVENUE,
Coral Gables, FLA 33134

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE: PRESIDENT ☐ DELETE

NAME: AMANDA E. LUNA

STREET ADDRESS: 177 LAKVIEW DR OLD 309-APT 201

CITY-ST-ZIP: FT LAUDERDALE, FL 33326

TITLE: SECRETARY ☐ DELETE

NAME: AMANDA E. LUNA

STREET ADDRESS: 177 LAKVIEW DR OLD 309-APT 201

CITY-ST-ZIP: FT LAUDERDALE, FL 33326

TITLE: TREASURER ☐ DELETE

NAME: AMANDA E. LUNA

STREET ADDRESS: 177 LAKVIEW DR OLD 309-APT 201

CITY-ST-ZIP: FT LAUDERDALE, FL 33326

TITLE: ☐ DELETE

NAME:

STREET ADDRESS:

CITY-ST-ZIP:

TITLE: ☐ DELETE

NAME:

STREET ADDRESS:

CITY-ST-ZIP:

TITLE: ☐ DELETE

NAME:

STREET ADDRESS:

CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

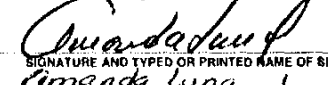
62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

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***173.75

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Amanda Luna J.

04-07-97 (954) 384-7009
Date Daytime Phone #

CR2E034 (9/96)