SOMBREO FILS: 57

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PROFIT
CORPORATION
ANNUAL REPORT
1999

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P97000089515**

ROYAL BURGUNDY INTERNATIONAL, INC.

	e of Business	Mailing Address			
343 ALMERIA AVE CORAL GABLES FL 33134		343 ALMERIA AVE CORAL GABLES FL 33134		DO NOT WRITE IN THIS SPACE	
				10/17/1997	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
<u> </u>		26		NOT APPLICABLE	Not Applicable
Suite, Apt. #, etc.		Suite, Apt #, etc.		5. Certificate of Status Desired []	\$8.75 Additional
[2]		27			Fee Required
City & State		City & State		6, Efection Campaign Financing	\$5.00 May Be
3	·· ·· ································	28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year In	tangible
4	25		30	Personal Property Tax	[]Yes []No
	9. Name and Address of Currer	nt Registered Agent		10. Name and Address of New Registered	Agent
4147	או אעמידה		81 Name	iegel & Utrera, P.A.	
AMERILAWYER 343 ALMERIA AVENUE			82 Street Addri	ddress (P.O. Box Number is Not Acceptable) 343 Almeria Avenue	
		,			
COR	VAL GABLES FL 33134		83	•	
		, /		-	last a la comi
			84 City Cor	al Gables FL	85 Zip Code 7 3 3 1 3 4
11. Pursuant	to the provisions of Sections 607.050	2 and 607 406 Horida Statute			f changing its registered
office or r	egistered agent, or both, in the State	of Rorida, buck trange was au	thorized by the corporation	on's board of directors. I hereby accept the appo	intried as registered
agent. I a	uu tauuiliar mit o bit ea ar ida	TO THE PARTY OF THE PARTY OF	ida Statutes.	oration submits this statement for the purphise of on's board of directors. Thereby accept the appo	144.
SKINATIRE	DVi			$9/\sqrt{1}$	1.17
12.	Signature, typed or print A type 19 a age OFFICERS AN	Unrera pe Vicemp	*ZDIUCHC	d when revisibility: DATE DEPOSITION AND DESIGNATION AND DESIG	ID DIDECTORO IN 48
rmle 1		El DELETE	13.	ADDITIONS/CHANGES TO OFFICERS A	the state of the s
	D	Libereit	11 TiTLE	/	[Change [Addition
NAME (SANCHEZ, ELSIE	/	12 NAME	•	
STREET ADDRESS	343 ALMERIA AVE		1 3 STREET ADORESS		
CITY-ST-ZIP	CORAL GABLES FL 33134		14 CITY- ST-ZIP		
TITLE		E.) DELETE	2 1 THILF		[] Change [] Addition
NAME			2.2 NAME	200002868	36837
STREET ADDRESS			23 STREET ADORESS	300002866 -05/07/99	01159~-012
CITY-ST-ZIP			2 4 CITY-S1-ZIP		****150.00
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NAME					
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		[] DELETE	5.4 CHY-ST-ZIP 6.1 TITLE	7 1/01/1.6 050	[]Change []Add-ton
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	partify that the information supplied wi		5.4 CHY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CHY-ST-ZIP	3 4 34 49 99A	7
NAME STREET ADDRESS CITY-ST-ZIP ITILE STREET ADDRESS CITY-ST-ZIP 14. I hereby c Indicated	on this annual report or supplemental	ith this filing does not qualify for 1 annual report is true a nd accur	54 City-St-ZiP 61 TITLE 62 NAME 63 STREET ADDRESS 64 City-St-ZiP the exemption stated in Sale and that my signature	Shotton 119 07(3)(i), Florida Statutes I further ce shall have the same legal effect as if made und red by Chapter 607, Florida Statutes, and that n	7

OF CEE OR DIRECTOR