

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

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98 APR 29 AM 11:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION  
ANNUAL REPORT  
**1998**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P97000102984 (6)**  
1. Corporation Name  
**ROYAL GARLIC, INC.**



Principal Place of Business      Mailing Address  
**924 NW 22ND STREET  
MIAMI FL 33127**      **924 NW 22ND STREET  
MIAMI FL 33127**

DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b>		<b>2a. Mailing Address</b>	
<b>21</b>	Suite, Apt. #, etc.	<b>26</b>	Suite, Apt. #, etc.
<b>22</b>	City & State	<b>27</b>	City & State
<b>23</b>	Zip	<b>28</b>	Zip
<b>24</b>	Country	<b>29</b>	Country
<b>25</b>		<b>30</b>	

**3. Date Incorporated or Qualified**  
**12/08/1997**

**4. FEI Number**  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 owes or has paid the current year Intangible Personal Property Tax due June 30.**  Yes  No

**9. Name and Address of Current Registered Agent**  
**FERNANDEZ, JOSE**  
**924 NW 22ND STREET**  
**MIAMI FL 33127**

**10. Name and Address of New Registered Agent**

**81 Name** **ELADIO ARMESTE**

**82 Street Address (P.O. Box Number is Not Acceptable)**  
**1301-1335 N.W. 23 Street**

**83** **MIAMI, FLORIDA, 33147**

**84 City** **FL** **85 Zip Code**

**11. Pursuant to the provisions of Sections 607.012 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 *Eladio Armeeste* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FERNANDEZ, JOSE</b>	1.2 NAME	
STREET ADDRESS	<b>924 NW 22ND STREET</b>	1.3 STREET ADDRESS	<b>900002512869--6</b>
CITY-ST-ZIP	<b>MIAMI FL 33127</b>	1.4 CITY-ST-ZIP	<b>-05/06/98--01030--001</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>****225.00 ****13.75</b>
NAME	<b>ALMEIDA, JUAN M</b>	2.2 NAME	<b>900002512869--6</b>
STREET ADDRESS	<b>924 NW 22ND STREET</b>	2.3 STREET ADDRESS	<b>-05/06/98--01030--002</b>
CITY-ST-ZIP	<b>MIAMI FL 33127</b>	2.4 CITY-ST-ZIP	<b>****136.25 ****136.25</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COLUNGA, JUAN F</b>	3.2 NAME	
STREET ADDRESS	<b>924 NW 22ND STREET</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33127</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

*B. Alvar*  
*4/29/98*

**14. I 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 supplementary 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]*

CR2E034 (10/97)