


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

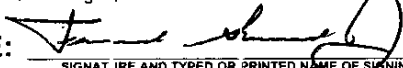
**FILED**  
**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90134 039 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # P98000046478</b> 1. Corporation Name <b>ROYALE POINTE GROUP, INC.</b>			
Principal Place of Business <b>% ALBERTO J. PARLADE, ESQ.</b> <b>3850 S.W. 87TH AVENUE SUITE 207</b> <b>MIAMI FL 33165</b>		Mailing Address <b>% ALBERTO J. PARLADE, ESQ.</b> <b>3850 S.W. 87TH AVENUE SUITE 207</b> <b>MIAMI FL 33165</b>	
2. Principal Place of Business 21 <b>13200 SW 128 St.</b> Suite, Apt. #, etc. 22 <b>SUITE F1</b> City & State 23 <b>Miami, Florida</b> Zip 24 <b>33186</b> Country 25 <b>Dade</b>		2a. Mailing Address 26 <b>13200 SW 128 St.</b> Suite, Apt. #, etc. 27 <b>SUITE F1</b> City & State 28 <b>Miami, Florida</b> Zip 29 <b>33186</b> Country 30 <b>Dade</b>	
9. Name and Address of Current Registered Agent <b>PARLADE, ALBERTO J ESQ.</b> <b>3850 S.W. 87TH AVENUE</b> <b>SUITE 207</b> <b>MIAMI FL 33165</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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 Signature, typed or printed name of registered agent and title if applicable. (NOT: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PTD</b> <b>SALSAMENDI, FERNANDO JR.</b> <b>9197 S.W. 128TH LANE</b> <b>MIAMI FL 33176</b> <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>13200 S.W. 128 STREET, SUITE F1</b> <b>MIAMI, FLORIDA 33186</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVD</b> <b>PEREZ, JULIO C</b> <b>3850 SW 87TH AVE SUITE 207</b> <b>MIAMI FL 33165</b> <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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, with all other like empowered.

SIGNATURE:



**FERNANDO SALSAMENDI, JR. 4-14-99 (305) 971-3060**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)