

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 06, 1999 8:00 am  
Secretary of State

05-06-1999 90189 038 \*\*\*150.00

DOCUMENT # P98000051459

1. Corporation Name

ROGAL INTERNATIONAL, INC.

Principal Place of Business

8515 SW 42ND TERRACE  
MIAMI FL 33155

Mailing Address

8515 SW 42ND TERRACE  
MIAMI FL 33155

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/09/1998

4. FEI Number

65-0874027

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 7369 NW 54th STREET

Suite, Apt. #, etc.

22  
City & State  
23 MIAMI, FLORIDA

24 Zip 33166 25 Country

2a. Mailing Address

26 7369 NW 54th STREET

Suite, Apt. #, etc.

27  
City & State  
28 MIAMI, FLORIDA

29 Zip 33166 30 Country

9. Name and Address of Current Registered Agent

ROMERO, FELIPE  
8515 SW 42ND TERRACE  
MIAMI FL 33155

10. Name and Address of New Registered Agent

81 Name

ROMERO, FELIPE

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

83 7369 NW 54th STREET

84 City MIAMI

85 Zip Code FL 33166

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VTDP ☐ DELETE  
NAME ROMERO, MARIBEL  
STREET ADDRESS 8515 SW 42ND TERRACE  
CITY-ST-ZIP MIAMI FL 33155

TITLE PD ☐ DELETE  
NAME ROMERO, FELIPE  
STREET ADDRESS 8515 SW 42ND TERRACE  
CITY-ST-ZIP MIAMI FL 33155

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

1.1 TITLE VTDP ☒ Change ☐ Addition  
1.2 NAME ROMERO, MARIBEL  
1.3 STREET ADDRESS 7369 NW 54th STREET  
1.4 CITY-ST-ZIP MIAMI, FL 33166

2.1 TITLE PD ☒ Change ☐ Addition  
2.2 NAME ROMERO, FELIPE  
2.3 STREET ADDRESS 7369 NW 54th STREET  
2.4 CITY-ST-ZIP MIAMI, FL 33166

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FELIPE ROMERO

APRIL 30th, 1999 (305) 884-0043

Date

Daytime Phone #

CR2E034 (11/98)