

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  
Mar 30, 1999 8:00 am  
Secretary of State

03-30-1999 90044 011 \*\*\*150.00

DOCUMENT # P98000078416

1. Corporation Name  
TROYAL, INC.

Principal Place of Business  
14857 SW 104 STREET, B-9, STE. 202  
MIAMI FL 33196

Mailing Address  
14857 SW 104 STREET, B-9, STE. 202  
MIAMI FL 33196



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
21 9605 NW 79 AVE  
Suite, Apt. #, etc.  
22 BAY 3

2a. Mailing Address  
26 9605 NW 79 AVE  
Suite, Apt. #, etc.  
27 BAY 3

City & State  
23 Hialeah Gardens FL  
Zip  
24 33016 Country

City & State  
28 Hialeah Gardens FL  
Zip  
29 33016 Country

3. Date Incorporated or Qualified  
09/10/1998

4. FEI Number  
65-0861707 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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

REALES, SILVIA L  
14857 SW 104 STREET, B-9, STE. 202  
MIAMI FL 33196

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
7820 W 29 WAY # 202  
83  
84 City Hialeah FL 85 Zip Code 33018

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 ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

TITLE  
NAME DP  
JIMENEZ, LUIS  
STREET ADDRESS 14857 SW 104 STREET, B-9, STE. 202  
CITY-ST-ZIP MIAMI FL 33196

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE  
NAME DV  
REALES, CARLOS D  
STREET ADDRESS 14857 SW 104 STREET, B-9, STE. 202  
CITY-ST-ZIP MIAMI FL 33196

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE  
NAME DS  
SCONZA, JOSE L  
STREET ADDRESS 14857 SW 104 STREET, B-9, STE. 202  
CITY-ST-ZIP MIAMI FL 33196

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
D.S. SILVIA L REALES  
7820 W 29 WAY # 202  
Hialeah FL 33018

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
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

3/22/99

Date

Daytime Phone #

0268923

CR2E034 (11/98)