

FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
UNIFORM BUSINESS REPORT (UBR)

UNIFORM BUSINESS REPORT UPDATE
F.S. 607.1622(7)
Filing Fee: 61.25
FILED

00 AUG -7 PM 4:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000106037 1. Corporation Name Royal Bay Realty, Inc.

Principal Place of Business	Mailing Address
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3. Date Incorporated or Qualified 12/22/1998	3a. Date of Last Report 5/6/2000
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2. Principal Place of Business 21 1110 Brickell Ave Suite, Apt. #, etc. 22 Suite 504 City & State 23 Miami FL Zip 24 33131	2a. Mailing Address 26 1200 Brickell Ave. Suite, Apt. #, etc. 27 Suite 900 City & State 28 Miami FL Zip 29 33131	County 25 County 30
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4. FEI Number 65-0925505	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent AGIM Resgistered Agents, Inc. 1200 Brickell Ave. Suite 900 Miami, FL 33131
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code FL

11. Pursuant to the provisions of Sections 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]* Santiago Eljaiek by R.A. Fernandez as attorney-in-fact 8/4/2000
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 NAME STREET ADDRESS CITY-ST-ZIP	PD Juan De Sosa 1110 Brickell Ave. Suite 504 Miami, FL 33131 <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST Robert F. Thorne 1110 Brickell Ave. Suite 504 Miami, FL 33131 <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100003348591--2
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>[Signature]</i> 8/7

14. I do 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, or on attachment with an address.

SIGNATURE *[Signature]* Juan De Sosa by R.A. Fernandez as attorney-in-fact 8/3/2000 305-416-6803
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ACCOUNT FILING COVER SHEET

ACCOUNT NUMBER: FCA-015

REFERENCE:
(Sub Account) _____

DATE: 7/24/00

REQUESTOR NAME: Florida Filing & Search

ADDRESS: _____

TELEPHONE: () (608) 4318 ext ()

CONTACT NAME: ABBIE HADGE

CORPORATION NAME: Bayal Bay Realty, Inc

DOCUMENT NUMBER:
(if applicable) PA8000101037

AUTHORIZATION: Abbie Hodge

- ☐ CERTIFIED COPY (1-9)
☐ CERTIFICATE OF STATUS (1-9)
☐ PLAIN STAMPED COPY

- () Call When Ready
() Walk In
() Mail Out

- () Call if Problem
() Will Wait

- () After 4:30
() Pick Up

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32304

RECEIVED
00 AUG - 7 PM 4:53