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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # \$69742

1. Corporation Name

(2)

ROYAL ENGINEERING CONSTRUCTION, INC.

715 SW 73 A SUITE 4 MIAMI FL 331		Mailing Address 715 SW 73 AVE SUITE 4 MIAMI FL 33144-2635	715 SW 73 AVE SUITE 4 MIAMI FL 33144-2635					
US		US	us		3. Date Incorporated or Qualified		eport	
2. Principat	Place of Business	2a. Mailing Address			4. FEI Number 65-0279712			oplied For of Applicable
Suite, Apt #, etc.		Suite, Apt. #, etc	Suite, Apt. #, etc		5. Certificate of Status Desire	о <u>П</u>	60 7F	
City & Str	ele .	City & State			Election Campaign Financi Trust Fund Contribution	ng		May Be
Zip 24	Country 25	7ip 29	Country 30		This corporation has liabilit Florida Statutes	y for intangible		. 199.032,
	9. Name and Address of Curre				10. Name and Address of Ne	w Registered	Agent	
	illman, maynard J., esquire		81	Name				
1100 PONCE DE LEON BLVD. CORAL GABLES 33134			82	Street Addr	ddress (P.O. Box Number is Not Acceptable)			
			83					
			84	City			100 700	0-4-
			84	City		FL	85 Zip (Code
agent I	Signation Typied or printed name of registered a	gations of, Section 607.0505, Fi	orida Statutes.		ed when reinslating)	DATE	1 · · · · · · · · · · · · · · · · · · ·	
12.	OFFICERS A	ND DIRECTORS DELETE	13.	<u>I</u>	ADDITIONS/CHANGES TO	OFFICERS AND	DIRECTOR Change	RS IN 12
NAME	MIRANDA, FERNANDO J.	L) OLLLIL	1.1 TITLE	ļ			Change	1I Addition
	AND CAN DATH AVE		1.2 NAME	DDDFOC	1			
STREET ADDRESS	MIAMI FL		1.3 STREET A	1				
COLY-ST ZIP	D	DELETE	1.4 CITY - ST 2.1 TITLE	- ZIP		•	Change	Addition
NAME	MIRANDA, GEORGINA	C) beccir	2.1 HILE 2.2 NAME				L change	L Addition
STREET ADDRESS	AND CHE DATH AVE		2.3 STREET A	INDRESS				
CHY-SI-ZIF	MIAMI FL		2. 4 CITY - ST					
111LF		DELETE	3.1 TITLE	1 211	·		Change	Addition
NAME			3.2 NAME				·	
STREET ADORESS	,		3.3 STREET A	ADDRESS				
CITY-ST-ZIF			3.4. GITY - S1	r-ZIP				
Tille		☐ DELETE	4.1 TITLE				☐ Change	Addition
NAME			4. 2 NAME		,			
STREET ADORESS	5 		4.3 STREET A	ADDRESS				
C(1Y+S1-2))			4.4 CITY - ST	- ZIP				
TITLE		DELETE	5.1 TITLE				Change	Addition
NAME			5.2 NAME	ļ		4		
STREET ADDRESS	1		5.3 STREET A	ADDRESS				
CITY - ST- ZIP			5.4 CITY - ST	- ZIP	=			
THILE	•	☐ DELETE	6.1 TITLE				Change	Addition
NAME			6.2 NAME		•			
STREET ADORESS	5		6.3 STREET A	ADDRESS				
011Y-81.70	1		SACITY OF	7ID				

14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this angular 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 proporation or the deceiver of the empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or Block 14 or Block 15 or Block 15 or Block 15 or Block 16 or Block 16 or Block 17 or Block 17 or Block 18 or Block 18 or Block 19 or Block

SIGNATURE:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

FEBRUARY 20,1997 305-266-9911

Daytime Phone #

Feb 27 1997 8:00am

FILED

Secretary of State