FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 23 AM 9:02

DOCUMENT # **S93871** **(9)**

1. Corporation Name
FLORIDIAN ROYAL HOME CORPORATION

Principal Place of Business	Mailing Address
792 RIO VISTA DRIVE MIAMI SPRINGS FL 33166	792 RIO VISTA DRIVE MIAMI SPRINGS FL 33166

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/14/1991
3a. Date of Last Report: 04/21/1994

2. Principal Place of Business	2a. Mailing Address
21 37 South Royal Poinciana Blvd	26 37 South Royal Poinciana Blvd.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Miami Springs, Fla.	City & State 28 Miami Springs, Fla.
Zip 24 33166 Country 25 U.S.A.	Zip 29 33166 Country 30 U.S.A.

4. FEI Number: 65-0383721 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

PEREZ, ALBERTO
792 RIO VISTA DR.
MIAMI SPRINGS FL 33166

10. Name and Address of New Registered Agent

81 Name: Alberto Perez
82 Street Address (P.O. Box Number is Not Acceptable): 37 South Royal Poinciana Blvd.
83
84 City: Miami Springs FL 85 Zip Code: 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☒ Change ☐ Addition
NAME	PEREZ, ALBERT	12 NAME	
STREET ADDRESS	792 RIO VISTA DR.	13 STREET ADDRESS	37 SOUTH ROYAL POINCIANA BLVD.
CITY, ST, ZIP	MIAMI SPRINGS FL	14 CITY, ST, ZIP	MIAMI SPRINGS, FLORIDA 33166
TITLE	STD	21 TITLE	☒ Change ☐ Addition
NAME	PEREZ, OLGA IRENE	22 NAME	
STREET ADDRESS	792 RIO VISTA DR.	23 STREET ADDRESS	37 SOUTH ROYAL POINCIANA BLVD.
CITY, ST, ZIP	MIAMI SPRINGS FL	24 CITY, ST, ZIP	MIAMI SPRINGS, FLORIDA 33166
TITLE	VD	31 TITLE	☐ Change ☐ Addition
NAME	MADRIGAL, SANTIAGO	32 NAME	
STREET ADDRESS	3023 S.W. 134TH PLACE	33 STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL	34 CITY, ST, ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	MADRIGAL, IRENE	42 NAME	
STREET ADDRESS	3023 S.W. 134TH PLACE	43 STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL	44 CITY, ST, ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY, ST, ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 this report.

SIGNATURE: _____ Pres. 6-15-95 (305) 883-8300
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Title Date Daytime Phone #

0170670 CP