

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

FILED
Apr 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # S96468

(1)

1. Corporation Name

ROYAL PALM GARDENS, INC.

Principal Place of Business

17240 N.W. 74 PATH
SUITE 700
MIAMI FL 33015
US

Mailing Address

P O BOX 173067
HIALEAH FL 33017-3067
US



| | |
|--------------------------------|-------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 15165 N.W. 77th Ave | 26 15165 N.W. 77th Ave. |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| 22 Suite 1002 | 27 Suite 1002 |
| City & State | City & State |
| 23 Miami, Fl | 28 Miami, Fl. |
| Zip | Zip |
| 24 33014 | 29 33014 |
| Country | Country |
| 25 USA | 30 USA |

| | |
|---|--|
| 3. Date Incorporated or Qualified | 3a. Date of Last Report |
| 11/25/1991 | 03/22/1996 |
| 4. FEI Number | Applied For |
| 65-0347411 | Not Applicable |
| 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| <input type="checkbox"/> | |
| 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| <input type="checkbox"/> | |
| 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

MIAMI CORPORATE SYSTEMS, INC.
5200 BLUE LAGOON DR
SUITE 700
MIAMI FL 33126

10. Name and Address of New Registered Agent

| |
|---|
| 81 Name |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83 |
| 84 City |
| FL |
| 85 Zip Code |

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 | DVS | <input type="checkbox"/> DELETE |
| NAME | RASCO, RAMON E. | |
| STREET ADDRESS | 5200 BLUE LAGOON DR | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | DPT | <input type="checkbox"/> DELETE |
| NAME | PANDO, DOMINGO | |
| STREET ADDRESS | 17240 N.W. 74 PATH | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | ITURREY, JOSE | |
| STREET ADDRESS | 420 SOUTH DIXIE HIGHWAY #4-B | |
| CITY-ST-ZIP | CORAL GABLES FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | DPT |
| 2.3 STREET ADDRESS | DOMINGO PANDO |
| 2.4 CITY-ST-ZIP | 15165 N.W. 77th Ave. Suite 1002 |
| 3.1 TITLE | Miami, Fl. 33014 |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

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 if changed, or on an attachment with an address.

SIGNATURE:

Domingo Pando DOMINGO PANDO 04/14/97 (301) 312-2900

CR2E034 (9/96)