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

APPROVED AND FILED
95 MAY -1 PM 12:43
SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # V50281 (7)

1. Corporation Name
ROYAL FLORIDA HOLDINGS, INC.

Principal Place of Business
C/O NEW ILAN
999 PONCE DE LEON BLVD., #1130
CORAL GABLES FL 33134
US

Mailing Address
C/O NEW ILAN
999 PONCE DE LEON BLVD., #1130
CORAL GABLES FL 33134
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/01/1992
3a. Date of Last Report: 04/06/1994

2. Principal Place of Business
21 999 PONCE DE LEON BLVD
Suite, Apt. #, etc
22 1135
City & State
23 CORAL GABLES , FL
Zip 24 33134 — County 25 DADE

2a. Mailing Address
26 999 PONCE DE LEON BLVD
Suite, Apt. #, etc
27 1135
City & State
28 CORAL GABLES , FL
Zip 29 33134 — County 30 DADE

4. FEI Number: 65-0349715 — ☐ 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

MORA, OSWALDO J.
2050 CORAL WAY
S-402
MIAMI FL 33145-4997

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 ______ NOTE: Registered Agent signature required when reinstating. DATE

12. OFFICERS AND DIRECTORS

TITLE	PST
NAME	ASLAN, PALACHI
STREET ADDRESS	25 HARROWS LANE
CITY-ST-ZIP	PURCHASE NY
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE	CFO , SECRETARY	☑ Change ☐ Addition
1 2 NAME	SAME	
1 3 STREET ADDRESS	11030 MARIN ST	
1 4 CITY-ST-ZIP	CORAL GABLES , FL	
2 1 TITLE	PRESIDENT	☐ Change ☑ Addition
2 2 NAME	MEHMET S. DERELI	
2 3 STREET ADDRESS	2127 BRICKELL AVE APT 1104	
2 4 CITY-ST-ZIP	MIAMI , FL 33129	
3 1 TITLE		☐ Change ☐ Addition
3 2 NAME		
3 3 STREET ADDRESS		
3 4 CITY-ST-ZIP		
4 1 TITLE		☐ Change ☐ Addition
4 2 NAME		
4 3 STREET ADDRESS		
4 4 CITY-ST-ZIP		
5 1 TITLE		☐ Change ☐ Addition
5 2 NAME		
5 3 STREET ADDRESS		
5 4 CITY-ST-ZIP		
6 1 TITLE		☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(i), Florida Statutes. I further certify that the information indicated on the 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 of the report, or on an attachment with an address.

SIGNATURE: A Palachi ASLAN PALACHI — 4-25-95 — (305) 446-4419
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0137601 CP