

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

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90112 024 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # V50281

1. Corporation Name
ROYAL FLORIDA HOLDINGS, INC.

Principal Place of Business 999 PONCE DE LEON BLVD. 1135 CORAL GABLES FL 33134 US	Mailing Address 999 PONCE DE LEON BLVD 1135 CORAL GABLES FL 33134 US
---	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 % Bcom 1110 Brickell Ave Suite, Apt. #, etc. 22 Suite 303 City & State 23 MIAMI Zip 24 33131 Country 25 MIAMI-DADE	2a. Mailing Address 26 % Bcom 1110 Brickell Ave Suite, Apt. #, etc. 27 Suite 303 City & State 28 MIAMI Zip 29 33131 Country 30 MIAMI-DADE
---	--

3. Date Incorporated or Qualified 07/01/1992	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 65-0349715	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 owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

PALACHI, ASLAN
11030 MARIN ST.
S-402
COARL GABLES FL 33156

10. Name and Address of New Registered Agent 81 Name PALACHI, ASLAN 82 Street Address (P.O. Box Number is Not Acceptable) % Bcom 1110 Brickell Ave 83 Suite 303 84 City MIAMI FL 85 Zip Code 33131
--

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 **Palachi ASLAN PALACHI, President** **1-10-99**

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	CFOS	<input type="checkbox"/> DELETE
NAME	ASLAN, PALACHI	
STREET ADDRESS	11030 MARIN ST.	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	DERELI, MEHMET S	
STREET ADDRESS	2127 BRICKELL AVENUE SPT 1104	
CITY-ST-ZIP	MIAMI 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	President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ASLAN PALACHI	
1.3 STREET ADDRESS	1110 BRICKELL AVE, SUITE 303	
1.4 CITY-ST-ZIP	MIAMI, FL 33131	
2.1 TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SAME	
2.3 STREET ADDRESS	SAME	
2.4 CITY-ST-ZIP	SAME	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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, with all other like empowered.

SIGNATURE: **Palachi**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-99 (305)446-4419

Date

Daytime Phone #

CR2E034 (11/98)