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 1:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V50333 (6)

1. Corporation Name
ROYAL WORLD METROPOLITAN, INC.

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 999 PONCE DE LEON BLVD	26 999 PONCE DE LEON BLVD
22 Suite, Apt. #, etc: 1135	27 Suite, Apt. #, etc: 1135
23 City & State: CORAL GABLES, FL	28 City & State: CORAL GABLES, FL
24 Zip: 33134 — 25 County: DADE	29 Zip: 33134 — 30 County: DADE

3. Date Incorporated or Qualified: 07/01/1992
3a. Date of Last Report: 04/06/1994
4. FEI Number: 65-0309455 — ☐ 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

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 — DATE — 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CFO, SECRETARY	☑ Change ☐ Addition
1.2 NAME	ASLAN PALACHI	
1.3 STREET ADDRESS	11030 MARIN ST	
1.4 CITY ST ZIP	CORAL GABLES, FL 33156	
2.1 TITLE	PRESIDENT	☐ Change ☑ Addition
2.2 NAME	MEHMET S. DERELI	
2.3 STREET ADDRESS	2127 BRICKELL AVE #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(3)(k), 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: A Palachi ASLAN PALACHI — 4-26-95 — (305)446-4419
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0137820 CP