

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90004 023 ***150.00

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DOCUMENT # V50333

1. Corporation Name

ROYAL WORLD METROPOLITAN, INC.

Principal Place of Business

999 PONCE DE LEON BLVD
SUITE 1135
CORAL GABLES FL 33134
US

Mailing Address

999 PONCE DE LEON BLVD
SUITE 1135
CORAL GABLES FL 33134
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/01/1992

4. FEI Number

65-0309455

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

21 c/o Bcom 1110 Brickell Ave

2a. Mailing Address

26 c/o Bcom 1110 Brickell Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 303

27 Suite 303

City & State

City & State

23 MIAMI

28 MIAMI

Zip

Country

24 33131

25 MIAMI-DADE

Zip

Country

29 33131

30 MIAMI-DADE

9. Name and Address of Current Registered Agent

PALACHI, ASLAN
11030 MARIN ST
CORAL 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)

c/o 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

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 CFO
NAME PALACHI, ASLAN
STREET ADDRESS 11030 MARIN ST.
CITY-ST-ZIP CORAL GABLES FL

☐ DELETE

TITLE P
NAME DERELI, MEHMET S
STREET ADDRESS 2127 BRICKELL AVE, #1104
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT
1.2 NAME PALACHI, ASLAN
1.3 STREET ADDRESS c/o BCOM 1110 BRICKELL AVE, SUITE 303
1.4 CITY-ST-ZIP MIAMI, FL 33131

☒ Change

☐ Addition

2.1 TITLE V.P.
2.2 NAME SAME
2.3 STREET ADDRESS SAME
2.4 CITY-ST-ZIP SAME

☒ Change

☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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:

ASLAN PALACHI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-99

Date

(305)446-4419

Daytime Phone #

CR2E034 (1/98)