

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V70079**

(1)

1. Corporation Name

ROYAL TRUST TITLE, INC.



Principal Place of Business

**999 PONCE DE LEON BLVD
SUITE 1045
CORAL GABLES FL 33134**

Mailing Address

**999 PONCE DE LEON BLVD
SUITE 1045
CORAL GABLES FL 33134**

2. Principal Place of Business

2a. Mailing Address

21. State, Apt. #, etc.

26. State, Apt. #, etc.

22. City & State

27. City & State

23. Zip Country

28. Zip Country

24. 25.

29. 30.

9. Name and Address of Current Registered Agent

**MIREYA ROSADO
999 PONCE DE LEON BLVD
SUITE 1045
CORAL GABLES FL 33134**

3. Date Incorporated or Qualified

10/09/1992

3a. Date of Last Report

04/19/1995

4. FEI Number

65-0428239

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

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 607.0602 and 607.1504, 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 607.0606, Florida Statutes.

SIGNATURE

Signature of Registered Agent (Required)

Signature of Registered Agent (Required)

DATE

12. OFFICERS AND DIRECTORS

NAME	DP ALONSO, JULIO C	☐ DELETE
STREET ADDRESS	999 PONCE DE LEON BLVD., 1040	
CITY, ST, ZIP	CORAL GABLES FL	
NAME	VPD ROSADO, MIREYA	☐ DELETE
STREET ADDRESS	999 PONCE DE LEON BLVD. #1045	
CITY, ST, ZIP	CORAL GABLES, FL	
NAME		☐ DELETE
STREET ADDRESS		
CITY, ST, ZIP		
NAME		☐ DELETE
STREET ADDRESS		
CITY, ST, ZIP		
NAME		☐ DELETE
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. 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. I am an officer or director of the corporation or the registered 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, or on an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MIREYA ROSADO

1/22/96 (305/441 1019)

CR2E034 (12/95)