

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

FILED

Feb 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # V70079

(1)

1. Corporation Name
ROYAL TRUST TITLE, INC.



Principal Place of Business

Mailing Address

999 PONCE DE LEON BLVD
SUITE 1045
CORAL GABLES FL 33134

999 PONCE DE LEON BLVD
SUITE 1045
CORAL GABLES FL 33134-3047

3. Date Incorporated or Qualified 10/09/1992
3a. Date of Last Report 01/26/1996

2. Principal Place of Business

2a. Mailing Address

21 100 N.W. 37 Ave.

26 100 N.W. 37 Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 #305

27 #305

City & State

City & State

23 Miami, Fl.

28 Miami, Fl.

Zip

Country

Zip

Country

24 33135

25 U.S.A.

29 33135

30 U.S.A.

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name
MIREYA ROSADO

82 Street Address (P.O. Box Number is Not Acceptable)
100 N.W. 37 Avenue

83 Suite 503

84 City
Miami

FL

85 Zip Code
33125

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME ALONSO, JULIO C
STREET ADDRESS 999 PONCE DE LEON BLVD., 1040
CITY-ST-ZIP CORAL GABLES FL

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 100 Northwest 37 Ave. #500
1.4 CITY-ST-ZIP Miami, Fl. 33125

☒ Change ☐ Addition

TITLE VPD
NAME ROSADO, MIREYA
STREET ADDRESS 999 PONCE DE LEON BLVD. #1045
CITY-ST-ZIP CORAL GABLES, FL

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 100 Northwest 37 Ave. #503
2.4 CITY-ST-ZIP Miami, Fl. 33125

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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

☐ Change ☐ Addition

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mireya Rosado, Vice-President (305) 649-1100

Date

Daytime Phone #

CR2E034 (9/96)