

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 27 AM 8:30

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 351154 (0)
1. Corporation Name
A V G R INTERNATIONAL BUSINESS INCORPORATION

DO NOT WRITE IN THIS SPACE.

Principal Place of Business		Mailing Address	
5300 BLUE LAGOON DR. STE 420 P. O. BOX 558675 (ZIP 33255) MIAMI FL 33128		5300 BLUE LAGOON DR. STE 420 P. O. BOX 558675 (ZIP 33255) MIAMI FL 33128	
2. Principal Place of Business	2a. Mailing Address	4. FEI Number	3a. Date of Last Report
21	26	59-1277701	08/22/1969
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Applied For	Not Applicable
22	27	5. Certificate of Status Desired	☐ \$8.75 Additional Fee Required
City & State	City & State	6. Election Campaign Financing	☐ \$5.00 May Be Added to Fees
23	28	Trust Fund Contribution	☐
Zip	Country	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	☐ Yes ☐ No
24	25	29	30

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
ROJAS, F. XAVIER 1501 S.W. 102 AVE. MIAMI FL 33174		81 Name	EVELIO C. YEDO
		82 Street Address (P.O. Box Number is Not Acceptable)	9370 SW 62ND ST.
		83	
		84 City	MIAMI, FL
		85 Zip Code	33173
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 provisions of, Section 607.0505, Florida Statutes.			
SIGNATURE <i>Sandra B. Morham</i>		DATE 4/24/95	
Signature typed or printed name of registered agent and title if applicable		NOTE: Registered Agent signature required when re-appointing	

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	☐ Change ☐ Addition
NAME	YEDO, EVELIO C.	1.2 NAME	
STREET ADDRESS	9370 S.W. 62ND ST.	1.3 STREET ADDRESS	
CITY- ST- ZIP	MIAMI FL	1.4 CITY- ST- ZIP	
TITLE	VSD	2.1 TITLE	☐ Change ☐ Addition
NAME	YEDO, RAQUEL M.	2.2 NAME	
STREET ADDRESS	9370 S.W. 62ND ST.	2.3 STREET ADDRESS	
CITY- ST- ZIP	MIAMI FL	2.4 CITY- ST- ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY- ST- ZIP		3.4 CITY- ST- ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		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 110.07(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: *Raqueel M. Yedo* **RAQUEL M. YEDO** 4/24/95 262-8747
Signature typed or printed name of signing officer or director