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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F95000001250 (8)

HG INTERNATIONAL CO., INC.

YOSHIDA, GILBERTO

**BRIGHTON MA 02135** 

**56 DUSTIN STREET** 

Principal Place of Business Mailing Address 147 BRIGHTON AVE. ALLSTON MA 02134 147 BRIGHTON AVE. ALLSTON MA 02134 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/16/1995 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 26 04-3043753 Not Applicable Suite Apt # etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 GILONA, VIONALDO G Name 515 EAST SAMPLE RD. Street Address (P.O. Box Number is Not Acceptable) POMPANO BEACH FL 33064 83 84 City 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 Horida. 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. Macs conaldo/ Rogistered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE Change 1.1 TITLE ☐ Addition YOSHIDA, MARCIO NAME 12 NAME 56 DUSTIN ST. STREET ADORESS 1.3 STREET ADDRESS **BRIGHTON MA 02135** CITY-ST-ZIP 14 CITY-ST-ZIP

21 TITLE

22 NAME

3.1 TITLE

3.2 NAME

4.1 TITLE

23 STREET ADDRESS

3.3 STREET ADDRESS

3.4. CITY - ST - ZIP

2. 4 CITY-ST-ZIP

4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE 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 DELETE Change 61 TITLE ☐ Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

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 frustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or or an attachment with a address.

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY - ST - ZIP

DELETE

DELETE

DELETE

3/24/05

Change

Change

Change

Addition

Addition

Addition

**FILED** 

Mar 31 1998 8:00am

Secretary of State